



3395 Fox Street, 101C – Duluth, GA 30096  
Phone: 770-446-9400 Fax: 770-446-1446

**COMMERCIAL DRIVER APPLICATION  
APPLICANT INFORMATION**

DATE \_\_\_\_\_ Position applying for: Class A \_\_\_ or Class B \_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

**CURRENT & PREVIOUS THREE YEARS ADDRESSES:**

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

Have you worked for this Company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

Is there any reason you might not be able to perform the function of the job for which you have applied? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Who Referred You? \_\_\_\_\_ Rate of Pay Expected? \_\_\_\_\_

**EDUCATION HISTORY:**

Highest Grade Completed in Grade School (grades 1-12): \_\_\_\_\_

Highest Grade Completed in College (yrs. 1-4): \_\_\_\_\_ Completed in Post Graduate (yrs. 1-4) \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self-employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone \_\_\_\_\_

Were you subject to the FMCSRs while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

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Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone \_\_\_\_\_

Were you subject to the FMCSRs while employed here? Yes \_\_\_\_\_ No \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

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Position Held \_\_\_\_\_ Address \_\_\_\_\_

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(Attach additional sheets for 10-year history, if needed)

## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Reefer, Tank, Flat, Etc)	Dates From-To	Approximate Total Miles
Tractor and Semi-Trailer	_____	_____	_____
Straight Truck	_____	_____	_____
Twin	_____	_____	_____
Other	_____	_____	_____

List states operated in during the last five (5) years \_\_\_\_\_

List special courses or training completed (PTD/DDC, Hazmat, Etc. \_\_\_\_\_

List safe driving awards held and who awards were presented by \_\_\_\_\_

**Accident Review** for the past 3 years (attach a separate sheet of paper if more space is needed). If none, write NONE.

Dates	Nature of Accident (Head-On, Rear-End, Upset)	# of Fatalities	# of Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Traffic Convictions and Forfeitures** for the past 3 years (other than parking violations). If none, write NONE:

Dates	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Driver License held in the past three (3) years**

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have more than one valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answers to any questions listed above are "yes", give details: \_\_\_\_\_

## Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## To Be Read and Signed by Applicant

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant. It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

You may fax or email the completed application to us.

Return fax to: 770-446-1446 Return email to: [nationwide@nationwideexpress.com](mailto:nationwide@nationwideexpress.com)