

Driver Application

Applicant Name:	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Current Address:	City:	St:	Zip:	Date of Birth:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Phone Number
<input style="width: 100%;" type="text"/>

Residence Past 3 Years

Address:	City:	St:	Zip:	How Long?
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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Experience and Qualifications – Driver

MAKE A COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

Driving Experience

Equipment Class	Type of Equipment Van, Flat, Tank, etc.	DATES From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the Past 3 Years or More

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the Past 3 Years

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

DRIVERS APPLICATION

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach statement giving details.		
This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) to be controlled substances tested with a negative result prior to driving. Do you consent to such Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT RECORD

All for Past 3 Years and Commercial Driving Experience for Past 10 Years

Last Employer: Position Held: _____ From: _____ To: _____ Address: _____ City: _____ St: _____ Telephone #: _____ Reason For Leaving: _____ Were you subject to the <i>Federal Motor Carrier Safety Regulations</i> at this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your Job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION AND TRAINING

Do you have a High School Diploma or GED Equivalency?					
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REFERENCES

Name:

Address:	City:	St:	Zip:	Phone:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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PERMISSION TO PERFORM RECORDS CHECK

I, _____, knowingly and willingly give my permission to Southwest Sanitation, LLC or any other appropriate agency to conduct any required Criminal, Background, Driving or other records checks which may be required or deemed necessary.

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

Applicant's Signature

DATE: