

Phone 888-212-1628 Allen Atkinson
Fax 800-867-0056
Email recruiter@truckingjobsusa.net

Date of Application
Start Date

Company Driver Owner Operator Recent Graduate Student

Your Name SSN

Phone 1 Phone 2
Can this phone receive text messages Yes No

Email Fax

Address City St Zip

Date of Birth Drivers License State Class A CDL Yes / No

License Exp Date Endorsements (check all that apply) HazMat Tanker Doubles TWIC

Have you EVER failed a drug or alcohol test (if Yes list dates and employer, if None state None)

USE ADDITIONAL SHEETS IF NECESSARY

Have you EVER been convicted of a felony or misdemeanor? If Yes list all convictions including date, charge convicted of, county and state of conviction, and sentence. If No state None. Note: FMCSA regs define a conviction to include any unvacated determination that a person failed to comply with the law, regardless of the sentence including, probation, paying a fine, counseling, suspension of sentence or even expungement.

Have you EVER been convicted of a DUI/DWI/OUI (If Yes list dates and states, If No state None)

Has your license EVER been suspended (If Yes list dates, states, reason for suspension and time suspended, If No state None)

Have you had a Reckless Driving conviction within 10 years (if Yes list date and state, if No state None)

List ALL Moving Violations within 5 years (include dates, states and nature of violation, if None state None)

List ALL Accidents within 5 years (include dates, states, whether preventable or non preventable, amount of damages, injuries whether in a commercial or private vehicle, if None state None)

List ALL preventable safety incidents that are being reported by a former employer (include dates and nature of incident, if None state None)

Have you ever been injured, hospitalized, had surgery, been treated by a doctor on an outpatient basis, currently being treated by a doctor or are you currently taking any medications? (medical conditions do not disqualify you, but we may need releases or statements prior to orientation, if No state None)

Do you have any unresolved moving violations, criminal charges, accidents or incidents?

2 Personal References (not related to you, include names and phone numbers)

Owner Operator Truck Info (year, make, model, wheelbase and weight)

Job Preferences We hire for multiple companies select ALL you can do

Solo Team I have a partner Team I don't have a partner Lease Purchase Dry Van Refrigerated Flatbed Tanker Home Weekly Home 14 days Home 14-28 days I Need a Job Apply to All I Qualify For

Your Name _____ SSN _____

Trucking companies are required to verify employment and personal history for ALL drivers, including former employers and periods of self employment, unemployment, disability, retirement, caring for children or family, attending school including Truck Driving School. Please provide a minimum 5 years of work/personal history. All periods must be covered not just driving jobs, leave no gap exceeding 60 days, use additional sheets if needed. To verify information in the application many companies now require that a current 5 Year MVR be submitted with the application – a MVR is required for ALL Recent Graduates and Truck Driving School Students.

Have you attended a truck driving school in the prior 3 years? ___ Yes ___ No

Name of School _____ Phone _____

Address _____ Number of Hours _____ Graduation Date _____

Did you train on 10 speed transmissions ___ Yes ___ No Did you train w/45' or longer trailers ___ Yes ___ No

Employer Period 1 _____ Contact _____

Phone _____ Address _____

Job Description _____ Dates of Employment _____ to _____

Select One ___ Quit ___ Laid Off ___ Terminated / Explain _____

Subject to DOT regulations ___ Yes ___ No Type of trailer _____ How many states operated in _____

Employer Period 2 _____ Contact _____

Phone _____ Address _____

Job Description _____ Dates of Employment _____ to _____

Select One ___ Quit ___ Laid Off ___ Terminated / Explain _____

Subject to DOT regulations ___ Yes ___ No Type of trailer _____ How many states operated in _____

Employer Period 3 _____ Contact _____

Phone _____ Address _____

Job Description _____ Dates of Employment _____ to _____

Select One ___ Quit ___ Laid Off ___ Terminated / Explain _____

Subject to DOT regulations ___ Yes ___ No Type of trailer _____ How many states operated in _____

Employer Period 4 _____ Contact _____

Phone _____ Address _____

Job Description _____ Dates of Employment _____ to _____

Select One ___ Quit ___ Laid Off ___ Terminated / Explain _____

Subject to DOT regulations ___ Yes ___ No Type of trailer _____ How many states operated in _____

Employer Period 5 _____ Contact _____

Phone _____ Address _____

Job Description _____ Dates of Employment _____ to _____

Select One ___ Quit ___ Laid Off ___ Terminated / Explain _____

Subject to DOT regulations ___ Yes ___ No Type of trailer _____ How many states operated in _____

Employer Period 6 _____ Contact _____

Phone _____ Address _____

Job Description _____ Dates of Employment _____ to _____

Select One ___ Quit ___ Laid Off ___ Terminated / Explain _____

Subject to DOT regulations ___ Yes ___ No Type of trailer _____ How many states operated in _____

USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE 5 YEARS OF WORK HISTORY

I authorize Trucking Jobs its employees and agents to release this information to prospective employers and authorize Trucking Jobs and said employers to conduct a background investigation in accordance with state and federal law. I hold Trucking Jobs its employees and agents and any prospective employers harmless of all liability for release of said information. By signing below, I certify that I have reviewed the above and that this application and any supporting documents are true and accurate to the best of my knowledge.

X _____
Applicant

Date