



DTD Trucking LLC
95 Knights Hollow Drive
Apopka, Florida
32712-2338
407-242-5191

COMMERCIAL DRIVER APPLICATION

Company
Address
City State Zip

APPLICANT INFORMATION

DATE Position applying for: Contractor Driver Contractor's Driver

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.)

PHYSICAL EXAM EXPIRATION DATE

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?

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

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

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 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

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

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

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

DRIVING EXPERIENCE

Class of Equipment From To Approximate Number of Miles
Straight Truck Tractor & Semi- trailer Tractor & two trailers Tractor & triple trailers
Other

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident Nature of Accidents

Location of Accident

of Fatalities # of People Injured (Head on, rear end, etc)

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date Location Charge Penalty

Driver's License (list each driver's license held in the past three(3) years:

State License Type Endorsements 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 Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ 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 _____

Remarks: (For office use only)
