Application for Qualification Driver Owner

LT EXPRESS

7163 SW Karen Rd, Trimble, MO 64492

Instructions to Driver Owner

Please answer all questions. If the answer to any question is "No" or "None" do not leave the item blank, but write "No or "None". This is important!

*The age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to Individuals who are at least 40 years of age

Name: _____
(First) *(Middle)* *(Last)*

Date: ____/____/____ Vehicle Type: _____ Yr: ____ Make/Model: _____

Driver License # _____ Sate: Class: _____ Haz-Mat Endorsement: Yes No

Other Endorsements: _____

Cell Phone #: ( ) _____ Home #: ( ) _____ Emergency #: ( ) _____

*Age: _____ Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Current & Three (3) Years Previous Addresses:

Address	From	To

Have you worked for this company before? ☐ Yes ☐ No If yes, give dates: From _____ To _____

Reason for leaving? _____

Education: Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post-Graduate: 1 2 3 4

Applicant Signature: _____ Date applied: ____/____/_____ .

Work History for Past 10 years

Give a complete record of all employment for the past 10 years.

Current Contract / Employer

From / / **To** / / **Company Name:** _____ **ICC MC#** _____

Phone # ( ) _____ **Address/Street:** _____ **City:** _____ **St.** _____ **Zip** _____

Supervisor name / Contact: _____ **States driven in:** _____ **Position:** _____

Type of equipment operated/Pwr unit(s): _____ **Trailer(s) Vans-Flats-Doubles-Other** _____

Reason for leaving: _____ **May we contact? Yes** ☐ **No** ☐

2nd Contract / Employer

From / / **To** / / **Company Name:** _____ **ICC MC#** _____

Phone # ( ) _____ **Address/Street:** _____ **City:** _____ **St.** _____ **Zip** _____

Supervisor name / Contact: _____ **States driven in:** _____ **Position:** _____

Type of equipment operated/Pwr unit(s): _____ **Trailer(s) Vans-Flats-Doubles-Other** _____

Reason for leaving: _____ **May we contact? Yes** ☐ **No** ☐

3rd Contract / Employer

From / / **To** / / **Company Name:** _____ **ICC MC#** _____

Phone # ( ) _____ **Address/Street:** _____ **City:** _____ **St.** _____ **Zip** _____

Supervisor name / Contact: _____ **States driven in:** _____ **Position:** _____

Type of equipment operated/Pwr unit(s): _____ **Trailer(s) Vans-Flats-Doubles-Other** _____

Reason for leaving: _____ **May we contact? Yes** ☐ **No** ☐

4th Contract / Employer

From / / **To** / / **Company Name:** _____ **ICC MC#** _____

Phone # ( ) _____ **Address/Street:** _____ **City:** _____ **St.** _____ **Zip** _____

Supervisor name / Contact: _____ **States driven in:** _____ **Position:** _____

Type of equipment operated/Pwr unit(s): _____ **Trailer(s) Vans-Flats-Doubles-Other** _____

Reason for leaving: _____ **May we contact? Yes** ☐ **No** ☐

5th Contract / Employer

From / / **To** / / **Company Name:** _____ **ICC MC#** _____

Phone # ( ) _____ **Address/Street:** _____ **City:** _____ **St.** _____ **Zip** _____

Supervisor name / Contact: _____ **States driven in:** _____ **Position:** _____

Type of equipment operated/Pwr unit(s): _____ **Trailer(s) Vans-Flats-Doubles-Other** _____

Reason for leaving: _____ **May we contact? Yes** ☐ **No** ☐

Driving Experience

Type of Equipment you have operated (check each appropriate box):

Straight truck ☐ Single-axle day cab ☐ Twin axle day cab ☐ OTR tractor ☐

If applicable, type of trailer: 28' van ☐ 48' van ☐ 53' van ☐ Flatbed ☐ Refrigerated ☐

Did you drive (check each appropriate box): Local ☐ Regional ☐ Nationwide ☐

Miles driven annually: _____

Accident Record for Past Three (3) Years:

State	Nature	Location	Injuries	Fatalities
			Yes / No	Yes / No
			Yes / No	Yes / No
			Yes / No	Yes / No

Traffic Convictions and Forfeitures for the Last Three (3) Years (other than parking):

Date	Description of Violation(s)

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

State	License #	Type	Endorsements	Expiration

		Yes	No
A.	**Have you ever been denied a license, permit, or privilege to operate a motor vehicle?**	☐	☐
B.	**Has any license, permit or privilege ever been suspended or revoked?**	☐	☐
C.	**Is there any reason you might be unable to perform the functions of the job for which you have applied?**	☐	☐
D.	**Have you ever been convicted of a felony?**	☐	☐

If the answer to A, B, C, or D is "Yes", give details _____

_____

Personal References (list three (3) personal references):

Name	Address	Phone#