



Today's Date: \_\_\_\_\_

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### DRIVER APPLICATION FOR EMPLOYMENT

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

US DOT#: \_\_\_\_\_ MC#: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Length of Time At Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

Cell Phone#: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

List any other addresses where you have lived during the previous three (3) years:

1. \_\_\_\_\_

2. \_\_\_\_\_

Current DL#: \_\_\_\_\_ DL Issued by (State) \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List previous CDL/DL if the current license was less than three years ago in the current state.

Previous DL#: \_\_\_\_\_ Issues By (State) \_\_\_\_\_

As a driver for the company named on this application, I understand I will be operating a  
\_\_\_\_ CDL Required Vehicle    \_\_\_\_ Non CDL Required Vehicle

I have been operating with a CDL (or) I have been operating vehicles for work purposes since \_\_\_\_\_.

**Current Employer**

1. Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_ CDL Position? \_\_\_\_\_  
Date Employed \_\_\_\_\_ - Current Subject to Drug & Alcohol Testing? \_\_\_\_\_

**Previous Employers**

2. Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_ CDL Position? \_\_\_\_\_  
Date Employed \_\_\_\_\_ - \_\_\_\_\_ Subject to Drug & Alcohol Testing? \_\_\_\_\_

3. Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_ CDL Position? \_\_\_\_\_  
Date Employed \_\_\_\_\_ - \_\_\_\_\_ Subject to Drug & Alcohol Testing? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

4. Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_ CDL Position? \_\_\_\_\_  
Date Employed \_\_\_\_\_ - \_\_\_\_\_ Subject to Drug & Alcohol Testing? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

5. Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_ CDL Position? \_\_\_\_\_  
Date Employed \_\_\_\_\_ - \_\_\_\_\_ Subject to Drug & Alcohol Testing? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

6. Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_ CDL Position? \_\_\_\_\_  
Date Employed \_\_\_\_\_ - \_\_\_\_\_ Subject to Drug & Alcohol Testing? \_\_\_\_\_  
Reason for leaving \_\_\_\_\_



**LIST OF DRIVER MOTOR VEHICLE VIOLATIONS DURING THE PREVIOUS THREE (3) YEARS**

**Company Information:**

Company Name: \_\_\_\_\_ DOT#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

**List any and all motor vehicle violations you have been convicted of in the previous three (3) years:**

Date	Offense	Location	Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Driver Certification**

*I certify that the above listed motor vehicle violations comprise a true and complete list. (Initial Here) \_\_\_\_\_ or I certify that I have not been convicted of any motor vehicle violations during the previous three (3) years. (Initial Here) \_\_\_\_\_*

Signature \_\_\_\_\_