

STUMPY TRUCKING INC.

DRIVER APPLICATION

DATE: _____
NO: _____

DRIVERS LICENSE

STATE ISSUED: _____ EXP

DATE: _____

NAME: _____
SS#: _____

ADDRESS: _____ CITY/ZIP
CODE: _____

HOME PHONE: _____ CELL
PHONE: _____

DATE OF BIRTH: _____ MEDICAL CARD
EXP: _____

TYPE/CLASS OF LICENSE: _____ YEARS OF
EXPERIENCE: _____

TYPES OF TRUCKS
DRIVEN: _____

TYPES OF TRAILERS
PULLED: _____

CURRENT EMPLOYEER: _____
PHONE: _____

ADDRESS: _____ FAX: _____

POSITION: _____ YEARS
EMPLOYEED: _____

PREVIOUS EMPLOYEER: _____
PHONE: _____

ADDRESS: _____ FAX: _____

POSITION: _____ YEARS
EMPLOYEED: _____

REASON FOR
LEAVING: _____

PREVIOUS EMPLOYEER: _____
PHONE: _____

ADDRESS: _____ FAX: _____

POSITION: _____ YEARS
EMPLOYEED: _____

REASON FOR
LEAVING: _____

IN THE PAST 5 YEARS: NUMBER OF
CITATIONS: _____ ACCIDENTS: _____

HEALTH
CONDITION: _____

HAVE YOU EVER BEEN INJURED ON THE JOB/
EXPLAIN: _____

HOW LONG WERE YOU OFF WORK?

REFERENCES:
NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

PLEASE ATTACH COPIES OF DRIVERS LICENSE, MEDICAL CARD, SOCIAL SECURITY CARD, AND CURRENT DMV PRINT OUT.

PLEASE READ AND SIGN BELOW: As part of this application for employment, I hereby authorize Stumpy Trucking Inc. to investigate my references and make an independent investigation of my character, conduct, and employment records. I also understand that I will subject to a drug test and subsequent random drug tests. I agree that the above is true and that any false or misleading information would be grounds for termination of employment.

SIGNATURE _____

DATE: _____