



2010 Philadelphia Street Suite 8
 Ames, Iowa 50010
 Phone: 515-292-5775
 Fax: 515-292-9268
 www.DriverProsUSA.com

DRIVER APPLICATION

(SHALL REMAIN ACTIVE FOR 60 DAYS)

To Applicant: READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. Federal law obligates us to provide reasonable accommodations to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please let us know if you need an accommodation to complete the application process, to take any required tests, or to perform any essential elements of the position sought. You will be considered for employment without regard to any prohibited basis of discrimination under state or federal law.

PLEASE PRINT - ALL QUESTIONS MUST BE ANSWERED COMPLETELY

Today's Date: _____

Name: _____ Soc. Sec. No. _____
 First Middle Last

Date of Birth: _____ Phone () _____

Secondary Phone () _____ Email Address _____

Please list each address at which you have resided during the three (3) years preceding the date on which this application is submitted. (Use an additional sheet of paper if necessary)

Present Address _____ How Long _____
 Street City State Zip Code

Past Address _____ How Long _____
 Street City State Zip Code

Referred by: Employee _____ Internet _____ Newspaper _____ Other _____

Have You Worked For This Company Before? _____ When? _____

How Many Years of Verifiable CDL Experience Can You Prove? _____ Years

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS CIRCLING "YES" or "NO"

| | | | |
|---|--------|--|--------|
| Are you a U.S. Citizen or otherwise lawfully authorized to work in the USA? | YES NO | Have you ever been convicted of or pled guilty to a felony (if yes, when and for what?)* _____ | YES NO |
|---|--------|--|--------|

| | | | |
|--|--------|---|--------|
| Have you ever been convicted of or pled guilty to driving while intoxicated or under the influence? (If yes, when and what state?)* _____ | YES NO | Have you ever had your license suspended, revoked, or ever been denied a license? | YES NO |
|--|--------|---|--------|

| | | | |
|---|--------|---|--------|
| Is there any reason you might be unable to perform the essential functions of the job for which you have applied (as described in the job description)? | YES NO | Have you ever refused or had a positive drug or alcohol test within the last two years? | YES NO |
|---|--------|---|--------|

| | | | |
|-------------------------------------|--------|---|--------|
| Do you have a current DOT Physical? | YES NO | Are you familiar with Federal Motor Carrier Safety Regulations? | YES NO |
|-------------------------------------|--------|---|--------|

| | | | |
|-------------------------------------|--------|---|--|
| Do you have a current DOT Physical? | YES NO | DOT Physical Card Expiration Date ____/____ | |
|-------------------------------------|--------|---|--|

| | |
|---|--------|
| Can you read, speak and write the English language sufficiently to converse with the general public, to understand highway traffic signs and signals in the English language, to respond to official inquiries, and to make entries on reports and records? | YES NO |
|---|--------|

* Note: A plea of guilty or a conviction will not necessarily disqualify you from consideration for employment. The nature of the crimes and when it/they occurred will be considered.

Employment History

Give a Complete Record of ALL employment for the past 10 YEARS

I authorize Driver Pros USA to contact and obtain employment information from the employers I have listed below:

X _____
Signature Date

Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Second Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Third Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Fourth Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Fifth Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Sixth Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Seventh Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

Eight Last Employer Name: _____ Phone: _____
Address: _____
Street City/State Zip
Position Held: _____ From: _____ To: _____ Salary: _____
Reason for Leaving: _____

(For additional employers, please use separate sheet)

DRIVER'S LICENSE AND DRIVING RECORD

CURRENT DRIVER'S LICENSE

State _____ Date Issued _____
 Expiration Date _____ License No. _____ Endorsements _____

PLEASE LIST STATE AND YEARS OF ALL DRIVER'S LICENSES HELD:

State _____ From (Date) _____ To (Date) _____
 State _____ From (Date) _____ To (Date) _____

If you have ever had a license suspended, revoked or denied, please explain here: _____

Have you ever been disqualified subject to Section 383 or 391, of the Federal Motor Carrier Safety Regulations for other than a physical disability? Yes ___ No ___ If yes, explain: _____

Have you used any aliases for employment? Please list and explain: _____

LIST ALL ACCIDENT AND INCIDENTS

| Date | Nature of Accident (head-on, rear-end, etc) | Fatalities | Injuries | Extent of Damage |
|------|--|------------|----------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DESCRIBE THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES.

(Examples: Buses, trucks, truck tractors, semi-trailers, full trailers, pole trailers, etc.)

| TYPE OF EQUIPMENT | TOTAL EXPERIENCE | TYPE OF EXPERIENCE (nature of job) |
|-------------------|------------------|------------------------------------|
| | | |
| | | |
| | | |

List any special courses or training you have taken that will help you as a driver: _____

List any safe driving awards you have received and from whom? _____

Initial Violation & Review Form

Driver Name: _____

SSN: _____

I. Certification of Violations

I certify that the following is a true and completed list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past **36 months**

| Date | Offense | Location | Vehicle Operated |
|------|---------|----------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past **36 months**.

Date of Certification _____ Driver Signature _____

Driver Pros USA

Reviewed by Signature _____ Title _____

II. Review & Evaluation of Driver's Record

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him/her in accordance with Section 391.27, has been reviewed for the past **36 months**.

Action Taken: _____

Driver Pros USA

Reviewed by Signature _____ Title _____

