



Driver Application Form

1. Applicant name:

First name
Middle name
Last name

2. Your sex: Male Female

3. Your date of birth:

4. Social security number:

5. Residential address:

No. and street	Apt. no.
City/Town	State/Province
Country	ZIP/Postal code

Previous address if moved within the last 2 years:

No. and street	Apt. no.
City/Town	State/Province
Country	ZIP/Postal code

6. Mailing address, if different from residential address:

No. and street	Apt. no.
City/Town	State/Province
Country	ZIP/Postal code

7. Contact information:

Home phone	Mobile phone
Email address	

8. Driver's license information:

License number	State/Province
Class	Expiry date

9. When did you acquire your CDL (Class AZ/Class 1)?

ATTACH ABSTRACT TO THE BACK OF APPLICATION

10. FAST number:

11. Van/Reefer experience:

Years, months, miles, etc.

12. Deck/Super-B experience:

Years, months, miles, etc.

12. Truck information:

Manufacturer	Year
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13. Trailer information:

Manufacturer	Year
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14. Have you ever been denied a driver's license, permit, or privilege to operate a motor vehicle? Yes No

If yes, please explain:

15. Have you ever had a driver's license suspended or revoked? Yes No

If yes, please explain:

NOTE REGARDING FOLLOWING SECTION:

If there is not enough space to provide all the necessary information, please attach additional copies of page 2 to this application as necessary.

NOTE REGARDING EMPLOYMENT HISTORY:

Applicants are required to provide names and addresses of all transportation employers for the past 10 years, and all other employers for the past 3 years as specified in 49 CFR 383.71. **Periods of unemployment must be accounted for.**

16. Previously held driver's licenses:

License number	State/Province/Country	Class	Expiry date

17. Accident history for the past 3 years:

Date	Description	Injuries	Fatalities

18. Tickets, forfeiture, and traffic violation history for the past 3 years:

Date	State/Province/Country	Charges	Penalties

19. Employment history: Transportation employment for the past 10 years, all other employment for the past 3 years:

Period of unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date	End date
Company/Organization	Title/Position	Start date	End date
Contact name	Contact title/position	Contact phone	
Address		City	State/Province Country
Reason for leaving	<input type="checkbox"/> Subject to FMCSR Regulations		<input type="checkbox"/> Subject to Drug and Alcohol Testing

Period of unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date	End date
Company/Organization	Title/Position	Start date	End date
Contact name	Contact title/position	Contact phone	
Address		City	State/Province Country
Reason for leaving	<input type="checkbox"/> Subject to FMCSR Regulations		<input type="checkbox"/> Subject to Drug and Alcohol Testing

Period of unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Start date	End date
Company/Organization	Title/Position	Start date	End date
Contact name	Contact title/position	Contact phone	
Address		City	State/Province Country
Reason for leaving	<input type="checkbox"/> Subject to FMCSR Regulations		<input type="checkbox"/> Subject to Drug and Alcohol Testing

DECLARATION

I understand the content of this form. I declare that the information provided is true, correct and complete.

I provide consent for Transport Veloce to use and disclose the information provided within this form provided for the purpose of obtaining driving record abstracts from relevant authorities and drug and alcohol test results from my previous employers, and conducting criminal background checks and financial background checks.

I understand that I have the right to review, correct, or rebut any statement made by such as specified in 49 CFR 391.23.

Name of applicant



Signature of applicant:

Date