



**Basic Ready Mix**

**Basic Trucking**

P.O. Box 1357

Calhoun, Georgia 30703

Phone: 706-629-2256

Fax: 706-625-0587

**COMMERCIAL DRIVER APPLICATION**

Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

DOT Physical Exam Expiration Date \_\_\_\_\_ CDL Expiration Date \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? From \_\_\_\_\_ To \_\_\_\_\_

**EMPLOYMENT HISTORY**

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Were you subject to FMCSRs while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Were you subject to FMCSRs while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Were you subject to FMCSRs while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Were you subject to FMCSRs while employed here? \_\_\_\_\_

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_

### DRIVING EXPERIENCE

Equipment	From	To	Approximate Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor & Double Trailer			
Tractor & Triple Trailer			
Other _____			

States operated in the last five (5) years: \_\_\_\_\_

Special courses/training completed: \_\_\_\_\_

Safe Driving Awards you hold and from whom: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

**Accident Record for the Past Three (3) Years**

Date of Accident	Nature of Accident (head on, rear end, etc.)	Location of Accident	Fatalities?	Injuries?

**Traffic Convictions and Forfeitures for the Past Three (3) Years**

Date	Location	Charge	Penalty

**JOB REFERENCES**

List three (3) persons for references, other than family members, who have knowledge of your work habits

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

*It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty*

*It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his/her furnishing such information.*

*It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.*

*I agree to furnish such additional information and complete such examinations as may be required to complete my application file.*

*It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.*

*It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.*

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*A copy of your driver's license/Government issued photo ID required to process application\***