Driver Application Form

The Courier Expedited Delivery Services

574-293-8805 | www.thecourierexpedited.com

Position(s) Applied for:						Date of Application:							
Name:													
Current	irst						Middle			Last			
Address:	treet						City/State			Zip			
Phone:									Email:				
Date of Birth:						Rate of Pay Expected:							
Do you have the leg	nited State	es:	YES	NO									
Employment History (Previous Employer)													
Name:									From:		То:		
Address:								Р	osition:				
City:									State:		Zip:		
Contact Person:								ı	Phone:				
Were You Subject To The FMCSRs While Employed?													
Was Your Job Designated As A Safety-Sensitivce Function In Any Dot-Regulated Mode Subject To The Drub And Alcohol Testing Requiremtns Of 49 Cfr Part 40?													
Driving Experience	ce												
CLASS OF EQUIPMENT				TYPE OF EQUIPMENT						DATES	1	APPROX # OF MILES	
Straight Truck	`	YES	NO	Van	Tank	Flat	Dump	Refer					
Tractor and Semi-Tra	ailer \	YES	NO	Van	Tank	Flat	Dump	Refer					
Tractor - Two Trailer	s `	YES	NO	Van	Tank	Flat	Dump	Refer					
Tractor - Three Traile	ers `	YES	NO	Van	Tank	Flat	Dump	Refer					
Motorcoach - Schoo More than 8 passengers	l Bus	YES	NO										
Motorcoach - Schoo More than 15 passengers		YES	NO										
Other													
List of states operated in for last five years:													
Show special courses or training that will help you as a driver:													
Which safe driving awards do you own and from whom?													
Do you have a valid	Chauffeui	rs or C	DL Cla	ss A Licen	se 🗍 '	YES [NO						