

Corporate Delivery Systems
10941 Day Road
Houston, Texas 77043

DRIVER APPLICATION

DATE _____

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin or disability.

PERSONAL INFORMATION

NAME _____ Social Security # _____
 First Middle Last

Birthdate _____ Telephone _____ Emergency number _____

dba _____ FEIN # _____

ADDRESS _____ From _____ To _____
 Street City Zip

PREVIOUS ADDRESSES

_____ From _____ To _____
 Street City Zip

_____ From _____ To _____
 Street City Zip

_____ From _____ To _____
 Street City Zip

Driver's License Number _____ State Issued _____ Expires on ____ / ____ / ____

License Class _____ List Endorsements _____

Have you ever been denied a permit, license or the privilege to operate a commercial motor vehicle? _____

Has your license ever been suspended or revoked? _____ Explain _____

LIST ALL PREVIOUS DRIVING EXPERIENCE

_____ Type of Equipment _____ Number of Years _____ States driven in _____

_____ Type of Equipment _____ Number of Years _____ States driven in _____

_____ Type of Equipment _____ Number of Years _____ States driven in _____

_____ Type of Equipment _____ Number of Years _____ States driven in _____

LIST ALL ACCIDENTS DURING THE PAST THREE YEARS

Date ____ / ____ / ____ Nature of Accident _____ Fatalities _____ Injuries _____

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Date ____ / ____ / ____ Nature of Accident _____ Fatalities _____ Injuries _____

LIST ALL MOVING VIOLATION DURING THE PAST THREE YEARS

Violation _____ State _____ Penalty _____

Violation _____ State _____ Penalty _____

Violation _____ State _____ Penalty _____

Violation _____ State _____ Penalty _____

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4

OTHER TRAINING _____

WHAT TYPE OF TRUCK ARE YOU DRIVING? _____

EMPLOYMENT HISTORY

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ POSITION _____ DATE ____ / ____ / ____

REASON FOR LEAVING _____

LIST ALL EMPLOYMENT FOR PAST TEN YEARS

Company _____ Address _____

Position _____ From ____ / ____ / ____ To ____ / ____ / ____ Phone _____

Supervisors Name _____ Reason for leaving _____

Company _____ Address _____

Position _____ From ____ / ____ / ____ To ____ / ____ / ____ Phone _____

Supervisors Name _____ Reason for leaving _____

Company _____ Address _____

Position _____ From ____ / ____ / ____ To ____ / ____ / ____ Phone _____

Supervisors Name _____ Reason for leaving _____

Company _____ Address _____

Position _____ From ____ / ____ / ____ To ____ / ____ / ____ Phone _____

Supervisors Name _____ Reason for leaving _____

Company _____ Address _____

Position _____ From ____ / ____ / ____ To ____ / ____ / ____ Phone _____

Supervisors Name _____ Reason for leaving _____

Company _____ Address _____

Position _____ From ____ / ____ / ____ To ____ / ____ / ____ Phone _____

Supervisors Name _____ Reason for leaving _____

I agree and understand that any misrepresentation of information given above shall be considered an act of falsification. I agree and understand that the company or its agents may investigate my background to ascertain any and all information of concern. I agree and understand that if hired, I will be on a probationary period during which time I may be discharged 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.

DATE

SIGNATURE