

Please fill out the following application and submit it to us via one of two options:

1. Fax to: (781) 933-1040 attention **Contractor Recruiting**
2. Mail to: Truck Courier, Inc. P.O. Box 2760 Woburn, MA 01888-1360

Be advised that TruckCourier, Inc. promotes safe driving; therefore, only candidates with a driving step of 15 or below will be considered.

DRIVER QUALIFICATIONS

NAME _____
(First) (Middle) (Maiden name, if any) (Last)

CITY, STATE AND ZIP CODE _____

TELEPHONE # _____ PAGER # _____ CELL PHONE # _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____ U.S. CITIZEN Y N

CURRENT ADDRESS _____ HOW LONG _____
(Street) (City) (State & Zip)

PREVIOUS ADDRESS _____ HOW LONG _____
(If less than 2 years) (Street) (City) (State & Zip)

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TRUCK, FLAT, ETC.)	DATES	APPROX # OF MILES (TOTAL)
STRAIGHT TRUCK		FROM TO	
TRACTOR AND SEMI TRAILER			
TRACTOR - 2 TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH A SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH A SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD (ATTACH A SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT Requires Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years be shown.

LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

SECOND LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

THIRD LAST EMPLOYER:

NAME: _____

ADDRESS: _____

POSITION HELD: _____ FROM: _____ TO: _____ SALARY: _____

REASON FOR LEAVING: _____

TO BE READ AND SIGNED BY APPLICANT

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

DATE

APPLICANT'S SIGNATURE

Note: A motor carrier may require applicant to provide information in addition to the information required by the Federal Motor Carrier Salary Regulations.