



DRIVER APPLICATION FORM

888-SAY-VANS
www.vansdelivery.com

NAME _____
Last First Middle

_____ (_____) _____
Social Security Number Phone Number Date of Birth Hire Date

ADDRESS _____
Street City State Zip Number of Years

PAST 3 YEAR RESIDENCY _____
Street City State Zip Number of Years

_____ Street City State Zip Number of Years

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Signature _____ Date _____

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.

Are there currently any felony charges against you?: _____ Yes _____ No If "Yes" Date _____

Have you ever been convicted of any crime?: _____ Yes _____ No If "Yes" Date _____

Have you ever been known by any name other than the one on this application?: _____ Yes _____ No If "Yes" print name below.

Are you: _____ a U.S. Citizen, _____ a Lawful Resident, or _____ otherwise authorized to work in the United States?

Employment History

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record).

You are required to list the complete mailing address; street number and name, city, state, and zip code.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(Month / Year) (Month / Year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____Yes ____No

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? ____Yes ____No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

PREVIOUS EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(Month / Year) (Month / Year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____Yes ____No

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? ____Yes ____No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

PREVIOUS EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(Month / Year) (Month / Year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____Yes ____No

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? ____Yes ____No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

PREVIOUS EMPLOYER: Name _____ Phone Number (____) _____

Street Address _____ City _____ State _____ Zip _____

Position Held _____ From _____ To _____
(Month / Year) (Month / Year)

Reasons for Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations** while employed? ____Yes ____No

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? ____Yes ____No

*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____

*Any gaps in employment and/or unemployment must be explained. **The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EXPERIENCE AND QUALIFICATION

Attach separate sheet if more space is needed.

Driving Experience

If no driving experience within the last 3 years – check here _____

Class of Equipment	Type of Equipment <small>(circle all that apply)</small>	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Other: _____		_____	_____	_____

Accident History (3 years)

If no accidents within the last 3 years – check here _____

DATE <small>(Month/Year)</small>	NATURE OF ACCIDENT <small>(Head-on, Rear-end, Upset, etc.)</small>	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL? ____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO
_____	_____	_____	_____	____ YES ____ NO

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures within the last 3 years – check here _____

DATE CONVICTED <small>(Month/Year)</small>	VIOLATION <small>(Other than parking)</small>	STATE OF VIOLATION	PENALTY <small>(Forfeited bond, collateral and/or points)</small>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

License Information

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____ State _____ License Number _____ Expiration Date
 A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ____ YES ____ NO

If yes, give details _____

B. Has any license, permit, or privilege ever been suspended or revoked? ____ YES ____ NO

If yes, give details _____