

DRIVER DATA COLLECTION

COMPANY NAME

DRIVER NAME

Read BEFORE completing. Incorrectly completed forms cause delays.

Assume the person reading this information is NOT familiar with you or where you have worked or lived.

- **DOT Requires 10 FULL YEARS of history including:**
 - Unemployment
 - Military Service
 - Out of the Country
 - Unemployed
 - Working for yourself
 - Driving and Non-Driving employment
 - School
- **GIVE COMPLETE COMPANY NAMES**
- **ADDRESS to include street, avenue, boulevard, city, state & ZIP**
- **DO NOT USE ACRONYMS or ABBREVIATIONS**
- **ALL INFORMATION IS REQUIRED – DON'T SKIP ENTRIES**
- **PRINT VERY CLEARLY**

COMPANIES ONLY: FAX completed form to Office Tenders @ 1-906-482-3174 or Call 1-906-337-3750

DRIVERS RETURN THIS FORM TO THE LOCATION WHERE YOU ARE MAKING APPLICATION – DO NOT CALL OR FAX OFFICE TENDERS

Revision 8/2017

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DRIVER NAME

FIRST NAME		MIDDLE NAME		LAST NAME		MANDTORY HIRE DATE – <small>ASK IF YOU DON'T KNOW</small>	
CURRENT ADDRESS – STREET			CITY		STATE		ZIP CODE
PREVIOUS 3 YEARS ADDRESS – STREET			CITY		STATE		ZIP CODE
PREVIOUS 3 YEARS ADDRESS – STREET			CITY		STATE		ZIP CODE
SOCIAL SECURITY #	BIRTH DATE	AREA CODE AND PHONE (HOME)			AREA CODE AND PHONE (CELL)		
LICENSE OR CDL NUMBER:				<input type="checkbox"/> THIS IN NOT A COMMERCIAL DRIVER LICENSE (CDL)			
EXPIRATION:		STATE:			<input type="checkbox"/> I DRIVE <u>ONLY</u> IN MY STATE (INTRASTATE) <input type="checkbox"/> I DRIVE ACROSS STATE LINES (INTERSTATE)		
DOT Medical Examination (Physical) <u>BOTH</u> DATES ARE REQUIRED		DATE PHYSICAL OBTAINED:			DATE PHYSICAL EXPIRES:		
Have you completed Self-Certification with the Department of Motor Vehicles? In other words, is your <u>current</u> DOT Medical Examination (physical) recorded with the Department of Motor Vehicles?							<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your license EVER been suspended, revoked or denied?					<input type="checkbox"/> YES		
Have you EVER been found guilty of a criminal charge while driving a Commercial Motor Vehicle?					<input type="checkbox"/> YES		
Do you currently a driver license from any other state?			<input type="checkbox"/> YES	STATE:		NUMBER:	
If you are not working full-time: <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal - SPECIFY Approximate MONTHS YOU WILL BE EMPLOYED – DO NOT LEAVE BLANK							

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DRIVER NAME

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FULL COMPANY NAME			
ADDRESS (Street, Avenue, Lane, City, State and ZIP CODE.)			
START DATE		END DATE	
DRIVER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SUPERVISOR NAME	TELEPHONE		

REASON FOR LEAVING			
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FULL COMPANY NAME			
ADDRESS (Street, Avenue, Lane, City, State and ZIP CODE.)			
START DATE		END DATE	
DRIVER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SUPERVISOR NAME	TELEPHONE		

REASON FOR LEAVING			
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SUPERVISOR NAME	TELEPHONE		
REASON FOR LEAVING			

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SUPERVISOR NAME	TELEPHONE		

REASON FOR LEAVING			
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COMPLETE COMPANY NAME			
ADDRESS (Street, Avenue, Lane, City, State and ZIP CODE.)			
START DATE		END DATE	
DRIVER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SUPERVISOR NAME	TELEPHONE		

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