



DRIVER EMPLOYMENT APPLICATION

Please complete and email application to: fn2p.management@gmail.com

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address		Apartment/Unit #		
City	State	ZIP	How Long?	
Phone	E-mail Address			
Address For the Past Three Years Below:				
Street Address	City	State	Zip	How Long?
Street Address	City	State	Zip	How Long?
Street Address	City	State	Zip	How Long?
Date Available	Social Security No.		Desired Salary	
Position Applied for: NON-CDL REGIONAL DRIVER (MIDDLE MILE DELIVERY) 1099				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?				

PREVIOUS EMPLOYMENT (LAST 3 YEARS)				
Company		Phone		
Address		Supervisor		
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone		
Address		Supervisor		
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone		
Address		Supervisor		
Job Title				
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

DRIVERS LICENSE			
STATE	LICENSE NO.	TYPE (CLASS A,B,C ETC)	EXPIRATION DATE

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	DATES TO	APPROX. NO. OF MILES (TOTAL)
Straight Truck (26 Foot Box Truck)				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE			
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)			
LOCATION	DATE	CHARGE	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>
B. Has any license, permit or privilege ever been suspended or revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that If I am selected as a potential hire, From Next 2 Priority Logistics, LLC will check employment history including dates, and run a three (3) year driving record history check. If I am offered and accept a position, employment will be contingent upon passing a Non-CDL Certified Medical Exam conducted by a registered and practicing physician. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____