ELYRIA CONCRETE INC.

DRIVER APPLICATION

Applicant Name:	Social Security #
Phone No.	Cell No.
Current Address:	Date of Birth:
City ST ZIP	

Residence Past 3 Years

Address:	
City ST ZIP How Long?	

Address:	
City ST ZIP How Long?	

Address:	
City ST ZIP How Long?	

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE
Applicant list the states and license numbers of all licenses held for the past 3 years

STATE	LICENSE	EXP. DATE	CLASS A, B	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc.	Dates From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years

DATE	Offense	Location	Type of Motor Vehicle Operated

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B. Has any license, permit or privilege ever been revoked?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

         If you answered YES to either of these two questions, attach a statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.
Do you consent to such Testing?   YES   NO

EMPLOYMENT RECORD
All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer:_____
Position held:_____ CDL [ ]   FROM_____ TO_____
Address:_____ City_____ State_____
Telephone #_____ Fax #_____
Reason for leaving:

Last Employer:_____
Position held:_____ CDL [ ]   FROM_____ TO_____
Address:_____ City_____ State_____
Telephone #_____ Fax #_____
Reason for leaving:

Last Employer:_____
Position held:_____ CDL [ ]   FROM_____ TO_____
Address:_____ City_____ State_____
Telephone #_____ Fax #_____
Reason for leaving:

Last Employer:_____
Position held:_____ CDL [ ]   FROM_____ TO_____
Address:_____ City_____ State_____
Telephone #_____ Fax #_____
Reason for leaving:

Last Employer:_____
Position held:_____ CDL [ ]   FROM_____ TO_____
Address:_____ City_____ State_____
Telephone #_____ Fax #_____
Reason for leaving:

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

_____   _____
Applicant's Signature   Date

EMERGENCY CONTACT #1

Name		
Address		
City	ST	ZIP
Phone	Alternate	Relationship

EMERGENCY CONTACT #2

Name		
Address		
City	ST	ZIP
Phone	Alternate	Relationship