STECH GROUP

ATTN: Joe Johnston
FAX: 856.662.9086

Driver Employment Application

First Name* _____ Middle Initial _____ Last Name* _____

Email Address _____

Home Address _____

Home City* _____

State* _____ Zip Code* _____

Home Phone* _____ Cell Phone _____

Date of Birth _____
Month/Day/Year

Are you a US citizen? **YES NO** Do you have the legal right to work in the USA? **YES NO**

Social Security Number _____

CDL Number _____ State _____

Issue Date _____ CDL Expiration Date _____
Month/Day/Year Month/Day/Year

Years of driving experience _____ Number of licenses held in the last three years _____

Number of accidents in the last three years (Explain) _____

Have you ever been convicted of a felony? (If Yes Explain) _____

Number of tickets in the last three years (Explain) _____

Has your CDL ever been revoked? (If Yes Explain) _____

Endorsements: (check the ones you have) **HAZ-MAT** **Doubles/Triples** **Tanks**

Type of driving assignment desired:

- ☐ **Company Driver**
- ☐ **Owner/Operator**
- ☐ **Small Fleet Owner**

I certify that I personally completed this application for the purpose of employment and that all the information herein is true and correct. I understand that the information in this form will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Motor Carrier Safety Regulations, and that a complete background investigation will be done in accordance with federal and state laws.

_____ _____
Signature Date