



**"UNDER 10" DRIVER FORM**

Hire Date \_\_\_\_\_

**INDEPENDENT CONTRACTOR  
Auto Driveaway**

|   |
|---|
| <input type="checkbox"/> MVR submitted                          |
| <input type="checkbox"/> Copy of driver's license               |
| <input type="checkbox"/> Copy of Social Security card           |
| <input type="checkbox"/> Signed Independent Contractor contract |

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_

Phone \_\_\_\_\_

**Type of license**

Regular

Chauffeur

CDL

**Passport**

Yes

No

NAME \_\_\_\_\_  
Last First Middle Social Security Number

/ / ( ) ( ) /  
Date of Birth Home Phone Number Cell phone number / Carrier

\_\_\_\_\_ E-mail address

CURRENT ADDRESS \_\_\_\_\_  
Street City State Zip Number of Years

PAST THREE YEARS \_\_\_\_\_  
Street City State Zip Number of Years

In case of emergency notify \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

|  |
|--|
| <p>LAST EMPLOYER: Name _____ Phone ( ) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____<br/>(month/year) (month/year)</p> <p>Reasons for Leaving _____</p>        |
| <p>SECOND LAST EMPLOYER: Name _____ Phone ( ) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____<br/>(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> |
| <p>THIRD LAST EMPLOYER: Name _____ Phone ( ) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____<br/>(month/year) (month/year)</p> <p>Reasons for Leaving _____</p>  |
| <p>FOURTH LAST EMPLOYER: Name _____ Phone ( ) _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____<br/>(month/year) (month/year)</p> <p>Reasons for Leaving _____</p> |

PLEASE COMPLETE REVERSE SIDE

**Driving Experience**

If no driving experience within the last 3 years check here

| CLASS OF EQUIPMENT<br>(Circle all appropriate)    | TYPE OF EQUIPMENT<br>(Circle all appropriate) | DATES |       |
|---|---|-------|-------|
|   |   | FROM  | TO    |
| Car   |   | _____ | _____ |
| Van   |   | _____ | _____ |
| Light Truck                                       |   | _____ | _____ |
| Straight Truck                                    | Van, Reefer, Tank, Flat                       | _____ | _____ |
| Tractor & Semi-Trailer                            | Van, Reefer, Tank, Flat                       | _____ | _____ |
| Motorcoach-School Bus (Greater than 8 passengers) |   | _____ | _____ |
| Other _____                                       | Van, Reefer, Tank, Flat                       | _____ | _____ |

**Accident History (3 years)**

If no accidents within the last 3 years check here

| DATE<br>(month/year) | NATURE OF ACCIDENT<br>(head-on, rear-end, upset, etc.) | NUMBER OF<br>FATALITIES | NUMBER OF<br>INJURIES | HAZARDOUS<br>MATERIALS SPILL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|----------------------|--|-------------------------|-----------------------|---|
| _____                | _____  | _____                   | _____                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |
| _____                | _____  | _____                   | _____                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |
| _____                | _____  | _____                   | _____                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |
| _____                | _____  | _____                   | _____                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                                  |

**Traffic Convictions and Forfeitures (3 years)**

If no traffic convictions and/or forfeitures in the last 3 years check here

| DATE CONVICTED<br>(month/year) | VIOLATION<br>(other than violations involving parking) | STATE OF VIOLATION | PENALTY<br>(Forfeited bond, collateral and/or points) |
|--------------------------------|--|--------------------|---|
| _____                          | _____  | _____              | _____   |
| _____                          | _____  | _____              | _____   |

**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 \_\_\_\_\_

**Certification**

This certifies that this form was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. 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 a decision. I hereby release Auto Driveaway from all liability in responding to inquiries and releasing information in connection with this form. In the event of employment, I understand that false or misleading information given in this form or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_