

DRIVER'S APPLICATION FOR QUALIFICATION

BRADY TRUCKING CO. 922 E. Johns Prairie Rd. Shelton, WA 98584

The purpose of this application is to determine whether the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Company named above.

INSTRUCTIONS TO APPLICANT

Please answer all questions. If the answer to any question is "No" or "None," do not leave the item blank, but write "No" or "None." This is important!

*The Age Discrimination of Employment Act of 1967 prohibits discrimination based on age with respect to individuals who are at least 40 but less than 70 years of age.

Date: _____

Check One: { Contractor { Driver

Name: _____
(First) (Middle) (Last)

Phone #: _____

Emergency Phone #: _____

*Age: _____ Date of Birth: _____

Social Security #: _____

Physical Exam Expiration Date: _____

Current & Three Years Previous Addresses:

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

EDUCATION AND EMPLOYMENT HISTORY

Please circle the highest grade completed:

Grade School:	1	2	3	4	5	6	7	8	9	10	11	12
College:	1	2	3	4	Post-Graduate:	1	2	3	4			

Give a Complete Record of all employment for the past three years, including any unemployment or self-employment, and all commercial driving experience for the past ten years.

Month/Year	Month/Year	Present or Last Employer:
From: _____	To: _____	Name: _____
Position Held: _____		Address: _____
Reason for Leaving: _____		Phone #: _____

Month/Year	Month/Year	Previous Employer:
From: _____	To: _____	Name: _____
Position Held: _____		Address: _____
Reason for Leaving: _____		Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____
Reason for Leaving: _____

Previous Employer:
Name: _____
Address: _____
Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____
Reason for Leaving: _____

Previous Employer:
Name: _____
Address: _____
Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____
Reason for Leaving: _____

Previous Employer:
Name: _____
Address: _____
Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____
Reason for Leaving: _____

Previous Employer:
Name: _____
Address: _____
Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____
Reason for Leaving: _____

Previous Employer:
Name: _____
Address: _____
Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____
Reason for Leaving: _____

Previous Employer:
Name: _____
Address: _____
Phone #: _____

Month/Year **Month/Year**
From: _____ To: _____
Position Held: _____

Previous Employer:
Name: _____
Address: _____

Reason for Leaving: _____

Phone #: _____

DRIVING EXPERIENCE

Class of Equipment	Dates		Approximate Number of Miles (Total)
	From	To	
Straight truck			
Tractor and Semi-trailer			
Tractor-two trailers			
Other			

List states operated in for the last five years: _____

List special courses/training completed (PTD/DDC, Haz Mat, etc): _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three years (attach sheet if more space is needed)

Date of Accident	Nature of Accidents (Head on, rear end, upset, etc.)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three years (other than parking violations)

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three years)

State	License #	Type	Endorsements	Expiration Date

- 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 suspended or revoked?..... { YES { NO
- C. Have you ever tested positive or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you?..... { YES { NO
- D. Have you ever been convicted of a felony?..... { YES { NO

If the answers to A, B, C, or D is "YES", give details: _____

PERSONAL REFERENCES

List two persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

