



Commercial Driver Application

Stallworth Logistics LLC
550 Allenton Road
Pine Apple, AL 36769

Applicant Information

Position applying for: Contractor Driver Contractor's Driver

Name: _____

Phone: (____) _____

Emergency Contact: Name: _____ Phone:(____)_____

DOB: _____ Age: _____

Physical Examination Expiration Date: _____

Have You Worked For This Company Before? _____ Yes _____ No

If yes, give dates: From _____ To _____

Reason for leaving _____

Driver's License

State: _____

Type: _____

Endorsements: _____

Expiration Date: _____

Residence History

Please provide current and previous three years addresses:

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

Education 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

Employment History

Give a complete record of all employment for the past three (3) years.

Mo/Yr Mo/Yr Previous of last employed
From _____ To _____ Name: _____

Position held: _____

Reason for leaving:

Were you subject to FMCSRs while employed? ____ Yes ____ No

Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No

Mo/Yr Mo/Yr Previous of last employed
From _____ To _____ Name: _____

Position held: _____

Reason for leaving:

Were you subject to FMCSRs while employed? ____ Yes ____ No

Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No

Mo/Yr Mo/Yr Previous of last employed
From _____ To _____ Name: _____

Position held: _____

Reason for leaving:

Were you subject to FMCSRs while employed? ____ Yes ____ No
Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No

Mo/Yr Mo/Yr Previous of last employed
From To Name:

Position held: _____

Reason for leaving:

Were you subject to FMCSRs while employed? ____ Yes ____ No
Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No

Mo/Yr	Mo/Yr	Previous of last employed
From	To	Name:

Position held: _____

Reason for leaving:

Were you subject to FMCSRs while employed? ____ Yes ____ No
Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No

Mo/Yr	Mo/Yr	Previous of last employed
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From _____ To _____ Name: _____

Position held: _____

Reason for leaving:

Were you subject to FMCSRs while employed? ____ Yes ____ No

Was your job designated as a safety sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? ____ Yes ____ No

Driving Experience

Class of Equipment	From (Mo/Yr)	To (Mo/Yr)	Approximate Number of Miles
Straight truck			
Tractor & semi trailer			
Tractor & two trailers			
Tractor & triple trailer			
Other			

Accident Record (Past 3 years)

Date of accident	Nature of accident (head on, rear, etc)	Location of accident	# of people injured

Traffic Convictions and Forfeitures (Past 3 years)

Date	Location	Charge	Penalty

Job References

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

To Be Read and Signed by Applicant:

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

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

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Applicant Signature: _____ Date: _____

Please email completed application to safety@stallworthlogistics.net