

BENNETT TRUCK TRANSPORT PICK-UP & TOTER Quick Application for Safety Clearance

Date _____ Referred by: _____

Fax Application to 877-391-1796 or mail to: Drivers Qualification, P.O. Box 569, McDonough, GA 30253

Name : Last First Initial			Address:			City:		St:	Zip:
Date Of Birth Month Day Year		Cell Phone () () - () ()	Pager Number () () - () ()	Home Phone () () - () ()		Emergency Phone Number () () - () ()			
Drivers License	License Number:	Issuing State:	Type License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class: <input type="checkbox"/> A <input type="checkbox"/> B	Endorsements: Passenger <input type="checkbox"/> Haz Mat <input type="checkbox"/> Tanker <input type="checkbox"/> Doubles <input type="checkbox"/>	Expiration Date:	Suspended or Revoked <input type="checkbox"/> Yes <input type="checkbox"/> No	Felony Conviction <input type="checkbox"/> Yes <input type="checkbox"/> No	DUI or DWI <input type="checkbox"/> Yes <input type="checkbox"/> No

Accidents (Past 5 Years)				Traffic Convictions (Past 5 Years)			
Date	Nature of Accident	Fatality	Injury	Date	Location	Charge	Penalty

Work Record for Past Ten(10) Years *Your Work History will be carefully checked for the past 36 months*

All 36 months must be accounted for, including self-employment or unemployment, indicate individuals we may contact, supply us with phone numbers including area codes. If you do not want your current employer contacted please indicate with a note on application. If there is not enough space below, a blank sheet of paper may be used.

Current or most recent Employer	Name:	Contact Person:	Phone Number () ()
Address:		City:	State: Zip:
Employed From:	To:	Position Held:	Reason for Leaving:
Second most recent Employer	Name:	Contact Person:	Phone Number () ()
Address:		City:	State: Zip:
Employed From:	To:	Position Held:	Reason for Leaving:
Third most recent Employer	Name:	Contact Person:	Phone Number () ()
Address:		City:	State: Zip:
Employed From:	To:	Position Held:	Reason for Leaving:
Fourth most recent Employer	Name:	Contact Person:	Phone Number () ()
Address:		City:	State: Zip:
Employed From:	To:	Position Held:	Reason for Leaving:
Driving Experience	Flat Bed _____ Years	Tractor & Semi Trailer _____ Years	Step Deck _____ Years
		Low Boy	RGN (circle) _____ Years

APPLICANT COMPLETES

As required in Sub Section 382.405 (f) and (h), my signature authorizes you, my former Employer above identified, to release and provide to my above named prospective Company, any and all information regarding my alcohol and controlled substance (drugs) testing/training records, including Substance Abuse Professional (SAP) reports, Record of Employment, Accident and Cargo Claims from any and all of my current and/or former employers where I worked during the the past three (3) years.

Name: Last, First Middle Initial _____

SSN or Other ID Number _____

X
Signature of Applicant & Date _____