BENNETT DRIVEAWAY A DIVISION OF BENNETT TRUCK TRANSPORT, LLC

Quick Application for Safety Clearance

Date: _____ **Referred by:** _____ **Fax Application to 877-391-1796 or Mail to: Drivers Qualifications PO Box 569 McDonough, GA 30253**

Name: Last	First	Initial	Address:	City:	St:	Zip:

Date of Birth Month Day Year	Social Security #	Phone Number Area Code ( ) —	Emergency Phone Number Area Code ( ) —

Drivers License	License Number:	Issuing State:	Type License: CDL ☐ Yes ☐ No	Class: ☐ A ☐ B	Endorsements: Passenger ☐ Haz Mat ☐ Tanker ☐ Doubles ☐	Expiration Date:	Suspended or Revoked ☐ Yes ☐ No	Felony Conviction ☐ Yes ☐ No	DUI or DWI ☐ Yes ☐ No

Accidents (Past 5 Years)

Date	Nature of Accident	Fatality	Injury

Traffic Convictions (Past 5 Years)

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 Area Code ( )
Address: City: State: Zip:
Employed From: To: Position Held: Reason for Leaving:

Second most recent Employer Name: Contact Person: Phone Number Area Code ( )
Address: City: State: Zip:
Employed From: To: Position Held: Reason for Leaving:

Third most recent Employer Name: Contact Person: Phone Number Area Code ( )
Address: City: State: Zip:
Employed From: To: Position Held: Reason for Leaving:

Fourth most recent Employer Name: Contact Person: Phone Number Area Code ( )
Address: City: State: Zip:
Employed From: To: Position Held: Reason for Leaving:

Fifth most recent Employer Name: Contact Person: Phone Number Area Code ( )
Address: City: State: Zip:
Employed From: To: Position Held: Reason for Leaving:

Driving Experience	Straight Truck _____ Years	Tractor & Semi Trailer _____ Years	Transit Bus _____ Years	Other / _____ / _____ Years

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. It is agreed and understood that the company or its agents may investigate the applicant's record, whether same is of record or not, and applicant releases company and persons named herein from all liability for any damages of his furnishing such information.

Signature of Applicant _____ Date _____