



Today's Date: _____

Name: _____ Driver's License (ID): _____ Current Class: A B C
Home Address: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____

Email: _____

HEALTH INFORMATION

As a commercial driver, you will be required to pass a DOT physical exam. These are items they look for:

Color Blind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Correctable Vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ever Fainted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain Yes Answers: _____

EMPLOYMENT HISTORY

Dates of Employment	Company Name	Title

BACKGROUND INFORMATION

Ever Been Convicted of a Felony? Yes No If Yes, Explain: _____

Ever lost driver's license due to suspension or DUI Yes No If Yes, Explain: _____

Highest Education Completed: High School Diploma GED Certificate Some College Trade School College Graduate