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 Peotone, IL 60468
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 708-258-3022
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DRIVER APPLICATION AND QUALIFICATIONS

Date of Application: _____	Company Driver <input type="checkbox"/> Owner Operator <input type="checkbox"/>
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Name _____

Current Address _____

City _____ State _____ Zip _____ How long? _____ yrs _____ mnths

Social Security Number _____ - _____ - _____	Primary Phone _____
Date of Birth _____ / _____ / _____	Email _____

List other addresses for past 3 years

Street _____	City _____	State _____	Zip _____
Street _____	City _____	State _____	Zip _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Phone Number _____

EXPERIENCE and QUALIFICATIONS – DRIVER

STATE	LICENSE NUMBER	TYPE	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

If the answer to A or B is yes, give details: _____

DRIVING EXPERIENCE

Class of Equipment	Circle Type of Equipment	Date (From)	Date (To)	Approx # of miles (Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor – Two trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor – Three trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A			
Other:				

List States operated in for the last 5 years: _____

List special courses or training competed that will help you as a driver: _____

Which safe driving awards do you hold and from whom: _____

ACCIDENT RECORD

For past 3 years or more (attach sheet if more space is needed) if none, write **NONE**

Dates <i>(List last accident first)</i>	Nature of Accident <i>(Head-on, rear end, upset, etc)</i>	Fatalities	Injuries	Hazardous Material Spill

TRAFFIC CONVICTIONS

Any forfeitures for the past 3 years (other than parking violations) if none, write **NONE**

Location	Date	Charge	Penalty

Have you ever tested positive for or refused a test for drugs or alcohol? Yes No
(Include companies applied to but not worked for)

Are you familiar with D.O. T. Safety Regulations as they apply to commercial vehicles and drivers and do you agree to comply with these regulations upon hire? Yes No

Have you ever been disqualified by a carrier for violating any D.O.T. safety regulations? Yes No

Have you hauled hazardous material? Yes No

Have you ever been convicted of a felony? Yes No *(If yes, explain below)*

List any trucking, transportation, or other experience that will help you in your work with Apolis Transport:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (*other than those already shown*)

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Diplomas or Degrees: _____

List Trade Schools Attended: _____

WORK HISTORY

All driver applicants must provide the following information for all companies where they have been employed or leased to within the last 10 years. Failure to provide this information in its entirety may result in either a failure to complete or a delay in completing the qualification process due to the inability to verify employment as required by Federal Regulations.

Please list work history in reverse order, beginning with the most recent. **NOTE: ALL DATES IN THE LAST 10 YEARS MUST BE LISTED WITHOUT GAPS.** If any time is missing this application will be considered incomplete. If self-employed, list the type of work performed and any and all carriers leased to during that time. If self-employed or unemployed for any period of time you will be required to furnish documentation.

WORK HISTORY (*Current or Most Recent*)

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Any Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Reason for Leaving:
Equipment Driven:	

WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Any Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Reason for Leaving:
Equipment Driven:	

WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Any Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Reason for Leaving:
Equipment Driven:	

WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Any Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Reason for Leaving:
Equipment Driven:	

WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Any Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Reason for Leaving:
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WORK HISTORY

Company Name:	From Date (MM/YYYY):
Address:	To Date (MM/YYYY):
City, State, Zip:	Position Held:
Phone:	
Contact Person:	Salary/Wage:
Any Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Reason for Leaving:
Equipment Driven:	

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. I further certify that I am currently qualified (and will maintain qualification) as a commercial vehicle driver in accordance with all FMCSA Regulations. I authorize APOLIS TRANSPORT INC. to perform any investigation pertinent to the position for which I am applying. This includes any information required in but not limited to FMCSA Title 49 Code of Federal Regulations §382 and §391 and any state and federal criminal records. I hereby release all schools, persons, and companies listed above and hold harmless from any and all liability or damages for providing requested information. I further understand that I have the right to review the information obtained from my previous employers, to correct the errors in that information and dispute perceived incorrect information.

Driver Applicant Signature

Date