

DAVIDSON TRUCKING, INC.
1227 BOWLING GREEN RD. E.
BRADNER, OHIO 43406

PH# 800-243-2544

FAX# 419-288-3845

DRIVERS APPLICATION

NAME: _____ PHONE: _____ DATE: _____

ADDRESS: _____ S. S # _____ D.O.B. _____

CITY: _____ STATE: _____ ZIP: _____

DRIVERS LICENSE # _____ STATE: _____

CLASS: _____ ENDORSEMENTS: _____ EXPIRES: _____

TICKETS IN LAST 3 YRS: _____ ACCIDENTS: _____

CDL YRS OF EXP.: _____ EVER SUSPENDED: _____ EVER DUI: _____

EVER FAIL OR REFUSE A DRUG OR ALCOHOL TEST: _____ FELONY: _____

EMPLOYMENT HISTORY

Current or most recent employer: _____ Position: _____

City: _____ State: _____ Phone: _____

Dates worked: From _____ To _____ Contact: _____

Reason for Leaving: _____

Next past employer: _____ Position: _____

City: _____ State: _____ Phone: _____

Dates worked: From _____ To _____ Contact: _____

Reason for Leaving: _____

Next past employer: _____ Position: _____

City: _____ State: _____ Phone: _____

Dates worked: From _____ To _____ Contact: _____

Reason for Leaving: _____

I certify that all of the above information is true to the best of my knowledge. I also grant the holder of this application all rights to obtain any and all information from previous employers and state agencies as is pertinent with obedience to D.O.T. rules and regulations. This is my release of any such liability to any said investigators and those providing the information.

Signature: _____ Date: _____