



We will run MVR report & Prior employment check. No more than 2 minor violations in the last 3 years and no more than 1 at-fault accident. Basic requirements: 25-75 years of age, ¾ Ton or larger truck.

Name _____ **SSN** _____

Address _____ **How Long?** _____

City _____ **State** _____ **Zip** _____

Address Past 3 years _____

Home Phone # _____ **Cell Phone #** _____

Date of Birth ___/___/___ **Drivers License #** _____ **State** _____

Type of License _____ **Expiration Date** _____

Driving Experience

Type of Equipment **Semi** _____ **Straight** _____ **Pick Up** _____

From dates _____ **to** _____ **Miles driven** _____

List type of vehicle you will be pulling with: _____

Accident Record for Past Three Years:

Date _____ Fatalities Y-N Injuries Y-N
Date _____ Fatalities Y-N Injuries Y-N

Traffic Violations for past 3 years (other than parking violations.)

State _____ Date _____ Charge _____ Penalty _____
State _____ Date _____ Charge _____ Penalty _____
State _____ Date _____ Charge _____ Penalty _____

Education:

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Technical Schools Attended:

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown (attach sheet if more space is needed).

Prior Work Experience (Please list most recent employment first).

Employer _____

Address _____

Position (Duties) _____ Phone _____

Immediate Supervisor _____ Can we contact: Y or N

Starting Pay _____ Ending Pay _____

Dates: From _____ to _____

Reason for Leaving _____

Employer _____

Address _____

Position (Duties) _____ **Phone** _____

Immediate Supervisor _____ **Can we contact: Y or N**

Starting Pay _____ **Ending Pay** _____

Dates: From _____ **to** _____

Reason for Leaving _____

Employer _____

Address _____

Position (Duties) _____ **Phone** _____

Immediate Supervisor _____ **Can we contact: Y or N**

Starting Pay _____ **Ending Pay** _____

Dates: From _____ **to** _____

Reason for Leaving _____

Have you ever been convicted of, or pleaded guilty or no contest to a felony offense: Yes _____ or No _____

If yes, please provide date of incident _____ and date of conviction _____.

County/State in which felony occurred: _____

Facts surrounding the conviction: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ or No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ or No _____

If the answer to either of the two previous questions is Yes, attach statement giving details.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are complete to the best of my knowledge. I authorize Wave Express to make such investigations and inquiries of my personal, employment, financial or medical history and other related matter as may be necessary in arriving at an employment decision. Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. In addition, I understand that I am required to abide by all rules and regulations of the company.

Date

Signature

Fax to (574) 642-0631