



**PLEASE RETURN DRIVER APPLICATION  
TO THE BUSINESS OFFICE LOCATED AT  
201 STAGE ROAD, VESTAL, NY 13850**

**DRIVER APPLICATION**

Applicant Name:			Social Security #:
Current Address:			Date of Birth:
City:	State:	Zip:	Phone #:

**Residence Past 3 Years**

Address:			
City:	State:	Zip:	How long?
Address:			
City:	State:	Zip:	How long?
Address:			
City:	State:	Zip:	How long?

**Experience and Qualifications – Driver**

**MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE  
Applicant list the States and license numbers of all licenses held for the past 3 years.**

STATE	LICENSE#	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

**DRIVING EXPERIENCE**

Equipment Class	Type of Equipment Van, Flat, Tank, etc.	DATES		Approx # of Miles Total
		From:	To:	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

**Accidents/Crashes for the past 3 years or more**

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

**Moving Traffic Convictions and Forfeitures for the past 3 years.**

Date of Conviction	Offense	Location	Type of Motor Vehicle operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Has any license, permit or privilege ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, attach statement giving details.		
<b>This company requires all Drivers who drive Commercial Motor Vehicles (CMV), which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?</b>		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT RECORD**

**All for the past 3 years and Commercial Driving Experience for the past 10 years**

Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City: _____ State: _____ Telephone #: _____ Reason for leaving: _____ Were you subject to the Federal Motor Carrier Safety Regulations at this employer? Yes _____ No _____ Was your job designated as a safety sensitive function in any DOT regulated mode and subject to alcohol and controlled substance testing? Yes _____ No _____
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This certifies that this application was completed by me, and that all of the information I have supplies is true to the best of my knowledge.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**AUTHORIZATION FOR DRIVER BACKGROUND CHECK**

I, \_\_\_\_\_, hereby authorize  
(print name)

Vestal Asphalt, Inc., 201 Stage Road, Vestal, NY 13850, to do a driver background check (MRV) as a condition of my employment. This information is to be kept confidential and should be used to the determination and confirmation of my driving record only.

\_\_\_\_\_  
Signed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Dated