

## DRIVER APPLICATION

Please give complete answers to ALL questions - Incomplete answers will only slow, or stall the application and our goal is to get you hired quickly.

You are applying for a driving job with Copana Enterprises.

### Position Applying For

### How did you hear about this position?

Craig's list, referral, other

## General Information

### Full Name \*

First Name      Middle Name      Last Name

### Address

Street Address

Street Address Line 2

**Were you at this address 3 years or more**

Yes

No

**Please list 1 prior address here and please be complete**

**Social Security Number \***

Will be kept secure, used for background check and 1099, or W2

**Phone Number \***

Area Code    Phone Number

**E-mail \***

example@example.com

**Have you ever been known by any other name?**

Yes

No

**Please list name**

Explain ie; maiden name, name change

**If hired, can you furnish proof you are eligible to work in the U.S.? \***

Yes

No

**Are you at least 23 years of age or older? \***

Yes

No

## License Information

**Have you held a VALID US license for the past 36 months? \***

Yes

No

**License Class \***

Class A Required

**License Number \***

**State of Issue \***

**License date of Issuance \***



Month   Day   Year

**CDL Endorsements \***

- None
- Tanker
- Doubles/Triples
- Hazmat
- X Endorsement
- TWIC

**CDL Experience \***

**Please list any licenses held in other states for the previous 5 years, include license numbers if you can.**

**Were you ever in the military? \***

- Yes
- No

**CDL Issuance**



Month   Day   Year

**Branch of service**

**Please list Dates of enlistment**

Enlist date - Discharge date

**Are you willing to take a Drug Test BEFORE hired as required by DOT?**

- Yes
- No

**Have you been to truck driving school?**

Yes

No

**If yes, which driving school**

**Highest Education Information**

School Name

Dates of attendance

City

State / Province

Type of Degree

Country

**Did you graduate?**

Yes

No

**EMPLOYMENT HISTORY**

**Work History: Please list current, or most recent employment first**

**Employer Name \***

**City, State \***

**Employer phone \***

Area Code    Phone Number

**Position Held \***

**Reason for leaving \***

**Is this your current employer? \***

Yes

No

**May we contact this employer at this time? \***

Yes

No

**Was this a driving position?**

Yes

No

**Type of truck**

**Type of trailer**

**Trailer length**

**Number of states driven**

**NEXT EMPLOYER**

**Employer Name**

**City, State**

**Position Held**

**Reason for leaving**

**Employer phone**

Area Code    Phone Number

**Was this a driving position?**

Yes

No

**Type of truck**

**Type of trailer**

**Trailer length**

**Number of states driven**

**NEXT EMPLOYER**

**Employer Name**

**City, State**

**Position Held**

**Employer phone**

Area Code    Phone Number

**Reason for leaving**

**Was this a driving position**

Yes

No

**Type of truck driven**

**Type of trailer**

**Trailer length**

**Number of states driven**

**Employer Name**



**City and State**

**Position**

**Employer Phone**

Area Code    Phone Number

**Reason for leaving**

**Was this a driving position**

Yes

No

**Type of truck driven**

**Type of trailer**

**Trailer length**

**Number of states driven**

**If you need additional space for past employment, please enter it here and include ALL information previously asked for.**

## Additional Information

**Have you had any moving violations in the last 3 years? \***

Yes

No

**Has your license ever been suspended? \***

Yes

No

**If yes, please give date and length of suspension. List reason why, city, county and state**

List all details asked for

**If yes, please list nature of offense and any fines involved**

Please list miles over limit for speeding

**Have you had any accidents in the last 3 years? \***

Yes

No

**If yes, please give date, explanation, city, county and state and if you received ticket/fine (amount)**

**Have you ever had a DUI, DWI, or OVI? Operating a Vehicle under the Influence \***

Yes

No

**If yes, please list date of offense, jail time, fine and or suspension time.**

We must have complete information to satisfy issuance carrier requirements.

**Have you ever been convicted of a felony? \***

Yes

No

**If yes, please give date and nature of offense, city, county, state and any fines and time served**

Please list EVERYTHING asked for per insurance requirements. Please be forthcoming this will come up on our background check it will not be held against you.

**Have you ever been convicted of a misdemeanor? \***

Yes

No

**If yes, please list date and nature of offense, city, county and state. also jail time, probation, or fines**

## Additional Information

**References: Please list name, address, phone and years known.**

### **Name**

### **Address**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

### **Phone Number**

Area Code    Phone Number

### **Number of years known**

### **Name**

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

## Phone Number

Area Code    Phone Number

## Number of years known

## Emergency contact information

### Full Name \*

First Name

Last Name

## Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

## Relationship to you \*

## Phone Number \*

Area Code

Phone Number

**Certify all information is accurate**