

JOHNSON'S TOWING OF VENICE
 604 JAM. LAM I TRL N NOKOMIS FL
 Ph (941) 488-8022
 Fax (941) 484-9667
 34275

Driver Application

Applicant Name:			Ph Number:
Current Address:			Date of Birth:
City:	St.	Zip	

Residence Past 3 Years

Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?
Address:			
City:	St.	Zip	How Long?

Experience and Qualification - 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 last 3 years

STATE	LICENCE #	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? Yes No

B. Has a license, permit or privilege ever been revoked? Yes No

If yes attach statement giving details

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? Yes No

EMPLOYMENT RECORD	
All for past 3 years and Commercial Driving Experience for the past 10 years	
Last Employer:	
Position held:	<input type="checkbox"/> CDL? From: _____ To _____
Address:	_____ City: _____ ST: _____
Telephone #:	_____ FAX: _____
Reason For Leaving:	
Last Employer:	
Position held:	<input type="checkbox"/> CDL? From: _____ To _____
Address:	_____ City: _____ ST: _____
Telephone #:	_____ FAX: _____
Reason For Leaving:	
Last Employer:	
Position held:	<input type="checkbox"/> CDL? From: _____ To _____
Address:	_____ City: _____ ST: _____
Telephone #:	_____ FAX: _____
Reason For Leaving:	
Last Employer:	
Position held:	<input type="checkbox"/> CDL? From: _____ To _____
Address:	_____ City: _____ ST: _____
Telephone #:	_____ FAX: _____
Reason For Leaving:	
Last Employer:	
Position held:	<input type="checkbox"/> CDL? From: _____ To _____
Address:	_____ City: _____ ST: _____
Telephone #:	_____ FAX: _____
Reason For Leaving:	

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge