

**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