

PRELIMINARY APPLICATION

First Name	·	Last Name	
Present Address			
City			
SS# Click here to enter text.		·	
Home Phone	Cell Phone	Date of Birth	
☐Team☐Single ☐Tractor			
Are you a US Citizen □Yes □No If no	o, do you have a permanen	nt resident card? □Yes □No	
•		Model	
Will you go to Canada? ☐Yes ☐No			_
•	*Please Note: A chauffe	eur's license is not acceptable	
		Exp. Date CDL Class_	
List any other licenses held in the last			
State DL#	•	lat Endorsement □Yes □No	
		failed or refused a drug test? ☐Yes ☐No	
		our license ever been suspended? \Box Yes \Box No	
*Details:	•	had any criminal convictions? Yes No	
Employment History			
		Employment Dates: FromTo	
		State Zip Phone	
		If tractor, what size trailer did you pull? _	
		Employment Dates: FromTo	
		State Zip Phone	
		If tractor, what size trailer did you pull?	
		Employment Dates: FromTo	
		State Zip Phone	
	Number of States_	If tractor, what size trailer did you pull?	
STATEMENT OF UNDERSTANDING			
		nformation is true and correct. I authorize DMW Expe	
-	-	rk history, alcohol/controlled substance testing, trainin Medical Review Officer or their agent, DAC services, or	_
		ize my previous and current employer(s) to release any	
•		of all liability from release of said information. I have	
information requested by DIVIW Expedite.			-
and understand the above statements and		signature below.	