

Lexington Concrete & Supply, Inc.

DRIVER APPLICATION

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: St. Zip	

Cell # _____

Residence Past 3 Years

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

DRIVER APPLICATION

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B. Has any license, permit or privilege ever been revoked?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

If yes attach statement giving details. Yes No

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: _____
 Address: _____ CDL? From: _____ To: _____
 Telephone #: _____ City: _____ ST: _____
 FAX: _____
 Reason For Leaving: _____

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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.

Applicant's Signature _____

DATE _____