

# DRIVER APPLICATION

Eagle Logistics LLC  
3477 Corporate Parkway Ste 100  
Center Valley, PA 18034



First Name	
Middle Name	
Last Name	

Position Applying For:	
Phone:	Date of Birth:
Email:	SSN:
Emergency Contact:	Phone:

Physical Exam Expiration Date:

Current Address:	
	City State ZIP

List any other addresses at which you have resided during the past 3 years:

Address	From	/
City State ZIP	to	/
Address	From	/
City State ZIP	to	/
Address	From	/
City State ZIP	to	/

Have you worked for Eagle Logistics before? Yes No

Dates: From / to / Position
Reason for Leaving

Are you currently employed?    Yes    No

If not, how long since leaving the last employer?    Year(s)    Month(s)

## Education

Highest Grade Completed    College    Post Graduate

Last School Attended    City    State

For Drivers with experience less than one year, please include driving school info

School name    City

State Phone Number    Completion Date

## General

Have you ever been bonded?    Yes    No

Name of Bonding Company

Have you ever been convicted of a felony?    Yes    No

If yes, please explain fully in the comments section

Have you ever been convicted of/or have a pending DWI/DUI?    Yes    No

If yes, when?

Are you authorized to work in the United States?    Yes    No

## Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 driver's applicants must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.21(b)(10), (11).

Start with the current or most recent position, including military experience.

Employer's Name			
Address		From	/
City	State	ZIP	To /
Supervisor's Name		Phone	Position
Reason for leaving:		Wage	
Were you subject to the FMCSRs while employed here?		Yes	No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No			

Employer's Name			
Address		From	/
City	State	ZIP	To /
Supervisor's Name		Phone	Position
Reason for leaving:		Wage	
Were you subject to the FMCSRs while employed here?		Yes	No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No			

Employer's Name			
Address		From	/
City	State	ZIP	To /
Supervisor's Name		Phone	Position
Reason for leaving:		Wage	
Were you subject to the FMCSRs while employed here?		Yes	No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No			

Employer's Name				
Address			From	/
City	State	ZIP	To	/
Supervisor's Name		Phone	Position	
Reason for leaving:			Wage	
Were you subject to the FMCSRs while employed here?			Yes	No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No				

Employer's Name				
Address			From	/
City	State	ZIP	To	/
Supervisor's Name		Phone	Position	
Reason for leaving:			Wage	
Were you subject to the FMCSRs while employed here?			Yes	No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No				

Employer's Name				
Address			From	/
City	State	ZIP	To	/
Supervisor's Name		Phone	Position	
Reason for leaving:			Wage	
Were you subject to the FMCSRs while employed here?			Yes	No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?    Yes    No				

## Driver Experience and Qualification

List all driver licenses or permits held in the past 3 years

State	License Number	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No
2. Has any license, permit or privilege ever been suspended or revoked?  
                  Yes    No
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?    Yes    No

If you answered "Yes" to any of the above, give details in the field below

### Driving Experience

Class of Equipment	Types of Equipment	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Double Trailers				
Other				

List states operated in during the last 5 years

List special courses or training that will help you as a driver

List safe driving awards held and who presented the awards

Accident Review for Past 3 Years

Date	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years Other than Parking Violations

Location	Date	Charge	Penalty

Other comments that you would like to add that you think would help in our decision:

**I certify that the information submitted in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date