



FLORIDA'S ULTIMATE HEAVY HAULING & RIGGING

1750 N. Powerline Rd. Pompano, FL 33069

954-972-7878

Employment Application

Applicant Name _____
Current Address _____
City, State, Zip _____

Phone Number

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Date of Birth

/	/
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SSN

-	-
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Resident – Past 3 Years

Current Address _____
City, State, Zip _____
How long _____

Current Address _____
City, State, Zip _____
How long _____

Current Address _____
City, State, Zip _____
How long _____

Licenses Held – Past 3 Years

MAKE A PHOTO COPY OF THE DRIVER LICENSE AND MEDICAL CERTIFICATE

State	License #	Expiration Date	Class A, B	Endorsements
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____
_____	_____	/ /	_____	_____

Driving Experience

Equipment Class	Equipment Type	Dates	[FROM – TO]	Total Miles
Straight Truck	_____	_____	____/____/____ - ____/____/____	_____
Tractor Semi Trailer	_____	_____	____/____/____ - ____/____/____	_____
Tractor with Doubles	_____	_____	____/____/____ - ____/____/____	_____
Tractor with Triples	_____	_____	____/____/____ - ____/____/____	_____
Tractor with Tank	_____	_____	____/____/____ - ____/____/____	_____
Other	_____	_____	____/____/____ - ____/____/____	_____

History of Accidents and Crashes

Date	Nature of Accident	Fatalities	Injuries
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

History of Vehicle-Related Convictions

Conviction Date	Offense	Location	Type of 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B. Has a license, permit or privilege ever been revoked?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 to either question, attach statement giving details

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL) to be alcohol and controlled substance 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 EXPERIENCE FOR THE PAST 10 YEARS

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Last Employer _____
Position Held _____ CDL? Yes () No ()
When? ____ / ____ / ____ - ____ / ____ / ____ Phone Number _____
Address _____
City, State, Zip _____

Applicant Signature _____ Date _____