

# Atlantic Marketing Group, Inc.

## DRIVER APPLICATION

Leased or Owner/Op  
 Experienced CDL A Driver  
 CDL School Grad  
 Inexperienced

Please complete this application in full. It is IMPORTANT you provide ALL information on this form. Give COMPLETE employment information, especially dates contact person (and their title) and telephone number. Complete answer ALL questions. This application cannot be processed without ALL the following COMPLETE information:

### General Information

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #s: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_ Birth Place: City \_\_\_\_\_ State \_\_\_\_\_

Date you're available for employment: \_\_\_\_\_ Drivers license # \_\_\_\_\_ State \_\_\_\_ Expiration Date \_\_\_\_\_

Please list all license held in the past 10 years. \_\_\_\_\_

Experienced Drivers – List endorsements- Haze-mat \_\_\_\_ Tanker \_\_\_\_ Doubles / Triples \_\_\_\_ Others \_\_\_\_\_

Has any license / permit ever been denied, suspended or revoked? If yes, how long and why \_\_\_\_\_

How many chargeable accidents have you had? Please explain. \_\_\_\_\_

How many moving violations have you had in the last 7 years? Please explain \_\_\_\_\_

Any DUI or DWI ? If yes, please tell us when. \_\_\_\_\_

Have you ever been arrested for a violation of any law? Please explain \_\_\_\_\_

Have you ever been terminated or discharged from any company? \_\_\_\_\_

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### Employment History

List your last 3 years of employment if not as experienced truck driver. List your last 10 years of employment if you are an experienced driver. Please explain ALL gaps in your employment history. List most recent employment first.

Name of employer: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Contact person: /your job title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Contact person/your Job title \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Contact person:/your Job title \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Dates employed: From: \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Contact person:/ your Job title \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Personal References**

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Telephone: Home ( ) _____	Telephone: Home ( ) _____
Cell ( ) _____	Cell ( ) _____

**Please initial the statements below:**

\_\_\_\_\_ I certify that I have not used any illegal drugs in the past 5 months.

\_\_\_\_\_ I certify that I am not on parole or probation, which would limit my ability to travel unrestricted to all points in the United States and Canada.

\_\_\_\_\_ I certify that that I have only one valid license in my possession.

\_\_\_\_\_ I certify that my license is not currently suspended.

\_\_\_\_\_ I certify that I am at least 21 years of age.

I certify that I have completed this application and that all of my information is true and correct. I hereby request and authorize Atlantic Marketing Group, Inc. (AMG) and its agents or contractors that receive this application to cause to be conducted, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own free will and hold Atlantic Marketing Group, Inc. (AMG) and its agents and contractors, harmless for all liability for providing this application for my use.

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

Date: \_\_\_\_\_

Representatives name \_\_\_\_\_

(Rev 9/20/05)