

# COMMERCIAL DRIVER APPLICATION

Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## APPLICANT INFORMATION

DATE \_\_\_\_\_ Position applying for: Contractor Driver Contractor's Driver  
NAME \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ EMERGENCY PHONE ( ) \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_

*(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

PHYSICAL EXAM EXPIRATION DATE \_\_\_\_\_

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give dates: From \_\_\_\_\_ To \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_

## EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12  
College: 1 2 3 4 Post Graduate: 1 2 3 4

## EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

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

Mo/Yr \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone ( ) \_\_\_\_\_

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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

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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

Mo/Yr                      Mo/Yr                      Present or Last Employer  
From \_\_\_\_\_ To \_\_\_\_\_ Name \_\_\_\_\_

Position Held \_\_\_\_\_ Address \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Company phone (    ) \_\_\_\_\_

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

*(Attach additional sheets for 10-year history, if needed.)*

## DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: \_\_\_\_\_

List special courses/training completed (PTD/DDC, HAZMAT, ETC) \_\_\_\_\_

List any Safe Driving Awards you hold and from whom: \_\_\_\_\_

**Accident Record for past three (3) years: (attach sheet if more space is needed):**

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

**Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):**

Date	Location	Charge	Penalty

**Driver's License (list each driver's license held in the past three(3) years:**

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If the answers to any questions listed above are "yes", give details \_\_\_\_\_



# DRIVER PROFILE

## Supplement to OAF/SAF 1

### DRIVER INFORMATION

Name:	
Licence #:	Date of Birth (MM/DD/YY):
Driver Licence Class:	Original date of obtaining Driver Licence for this Class:

### DRIVING EXPERIENCE

How many years of <b>commercial driving experience</b> under your current class of licence?	How many years of <b>US commercial driving experience</b> do you have?
Are you currently an (please specify which ever applies):	
Owner Operator <input type="checkbox"/>	Company Driver <input type="checkbox"/>
	Driver Trainee <input type="checkbox"/>

### TRUCKING COMPANY EMPLOYMENT INFORMATION (minimum 4 years history must be provided)

***IMPORTANT:** For each employment experience, please ensure all fields are completely filled and accurate*

<b>Current Employer</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer:
	Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
<b>Past Employer 1</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer:
	Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>
<b>Past Employer 2</b>	
Company Name:	
Address:	
Supervisor's Name:	Phone #:
<b>Employment Start Date:</b>	<b>Employment End Date:</b>
Commodities most often hauled for this employer:	Type of Vehicle(s) most often driven for this employer:
	Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>

<b>Past Employer 3</b>			
Company Name:			
Address:			
Supervisor's Name:		Phone #:	
Employment Start Date:		Employment End Date:	
Commodities most often hauled for this employer:		Type of Vehicle(s) most often driven for this employer:	
		Tractor <input type="checkbox"/> Straight Truck <input type="checkbox"/> Light Commercial <input type="checkbox"/>	

**CLAIMS HISTORY (Please check the box that applies below)**

No Claims     Claims within the past 3 years

**(Please describe all accidents you were involved in for the last 3 (three) years regardless of fault)**

Date of accident	Description and location of accident	% of fault	Total amount paid

COMMENTS:

I certify that I personally completed this application and that all of the information is true and correct. With respect to this Driver Profile, or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

\_\_\_\_\_  
Signature of driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

DATE:

TO:

RE: LETTER OF EMPLOYMENT EXPERIENCE

I hereby authorize Hallmark Insurance Brokers Ltd. to obtain a letter from your company which outlines the length of time that I was employed, the type of vehicle I drove and if I had any claims during my employment. I ask that you please copy the attached letter on your company letterhead, complete it and return it to Hallmark Insurance as soon as possible at the number below.

DRIVER'S NAME: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_

DRIVER SIGNATURE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Please forward a copy of my experience letter to Hallmark Insurance Brokers

Attn: \_\_\_\_\_ Fax #905-944-0273

Thank you.

Date:

To: Hallmark Insurance Brokers  
Re:

This letter will confirm that \_\_\_\_\_ was employed with our company from \_\_\_\_\_ to \_\_\_\_\_.

While employed, He/She drove a Tractor / Straight / Van *(circle all that apply)*.

Trailers hauled were Vans / Flatbeds / Chassis & containers / Tankers *(circle all that apply)*.

The primary Cargo carried by this driver was \_\_\_\_\_.

During their employment, there were involved in the following claims *(please provide dates)*

NONE *(circle if applicable)*

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If you have any questions, please contact the undersigned.

Regards,

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date