

Drivers Application For Employment

Bettencourt Transport

4504 Yankee hill court Suite 100 Rocklin, Ca 95677
Phone 916-624-2991 Fax 916-624-2940

Date of Application _____ Phone # _____

Position applied for _____

Name _____ DOB _____
Last first middle

List your addresses of residency the past 3 years.

Current Address _____
Street city

Previous Addresses _____ how long ? _____
state zip code
Street city state/zip code

EMPLOYMENT HISTORY

EMPLOYER

Name, address _____
City, state zip _____
Position _____ Salary _____ Reason for leaving _____
From (MO/year) _____ To (MO/year) _____ Contact/number _____

EMPLOYER

Name, address _____
City, state zip _____
Position _____ Salary _____ Reason for leaving _____
From (MO/year) _____ To (MO/year) _____ Contact/number _____

ACCIDENT RECORD

Dates	Nature(head on, rear end etc)	Fatality	Injury
Last accident _____/_____/_____	_____	_____	_____
Next previous _____/_____/_____	_____	_____	_____
Next previous _____/_____/_____	_____	_____	_____

EXPERIENCE AND QUALIFICATIONS

Licenses	State	License No	Type	Expiration Date
_____	_____/_____	_____/_____	_____/_____	_____
_____	_____/_____	_____/_____	_____/_____	_____

DRIVING EXPERIENCE (if none write NONE)

Class of equipment	Type of Equipment	Dates From/To	Approx No. of miles
Straight Truck	_____	_____/_____	_____
Tractor Trailer	_____	_____/_____	_____
Doubles	_____	_____/_____	_____
Motorcoach School Bus	_____	_____/_____	_____
Other	_____	_____/_____	_____