



Bo-Bachs' Transport, Inc. PO Box 453 Florida, NY 10921 Fax: (845) 469-6872

### Truck Driver and CDL Driver Application Form

#### Application Type

<b>Please select application type</b>	<input type="radio"/> Company Driver <input type="radio"/> Team <input type="radio"/> Lease Purchase <input type="radio"/> Owner Operator
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#### Personal Information

Please enter the data below carefully so recruiters will have accurate information.

<b>First Name</b>	<input type="text"/>
<b>Middle Name</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Address2</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>ZIP</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>
<b>Telephone</b>	<input type="text"/> (123-456-7890)
<b>Cell Phone</b>	<input type="text"/>
<b>Pager</b>	<input type="text"/>
<b>Best / Quickest Method of Contact</b>	<input type="radio"/> Email <input type="radio"/> Telephone <input type="radio"/> Cell Phone <input type="radio"/> Pager
<b>Date of birth</b>	<input type="text"/> (MM/DD/YYYY)
<b>SSN</b> Your Social Security Number is needed to run a DAC report. It will only be distributed to qualified companies receiving your application.	<input type="text"/> (123-45-6789)
<b>Need training?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Student or Recent Grad?</b>	<input type="radio"/> Yes <input type="radio"/> No If Yes: <input type="text"/> School <input type="text"/> Location

<p><b>Do you have a CDL?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p> <p>If Yes:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">State</td> </tr> <tr> <td></td> <td>Class</td> </tr> <tr> <td></td> <td>Number</td> </tr> <tr> <td></td> <td>Expiration (MM/DD/YYYY)</td> </tr> </table>		State		Class		Number		Expiration (MM/DD/YYYY)
	State								
	Class								
	Number								
	Expiration (MM/DD/YYYY)								
<p><b>Can you begin work immediately?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p> <p>If no, when are you available?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">(MM/DD/YYYY)</td> </tr> </table>		(MM/DD/YYYY)						
	(MM/DD/YYYY)								
<p><b>Do you have a HazMat endorsement?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p>								
<p><b>Other endorsements?</b></p>	<p> <input type="checkbox"/> Tanker  <input type="checkbox"/> Double / Triple  <input type="checkbox"/> Other </p> <p> <input type="radio"/> None  <input type="radio"/> 1 - 5 months  <input type="radio"/> 6 - 11 months </p> <p><b>Years of truck driving experience:</b></p> <p> <input type="radio"/> 1 year  <input type="radio"/> 2 years  <input type="radio"/> 3 years  <input type="radio"/> 4+ years </p>								
<p><b>Have you ever had a DUI?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p> <p>If yes, when:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">(MM/DD/YYYY)</td> </tr> </table>		(MM/DD/YYYY)						
	(MM/DD/YYYY)								
<p><b>Have you ever had a felony?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p> <p>If yes, when:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%;">(MM/DD/YYYY)</td> </tr> </table> <p>Describe the felony:</p> <table border="1" style="width: 100%; height: 50px;"> <tr> <td></td> </tr> </table>		(MM/DD/YYYY)						
	(MM/DD/YYYY)								
<p><b>Has your license ever been suspended?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p>								
<p><b>Number of moving violations in last year?</b></p>	<p> <input type="radio"/> 0  <input type="radio"/> 1 </p>								

	<input type="radio"/> 2 <input type="radio"/> 3 or more
<b>Number of moving violations in last 3 years?</b>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more
<b>Number of accidents in last year?</b>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more
<b>Number of accidents in last 3 years?</b>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more

### Employment History

Providing at least three previous employers is encouraged. If self or unemployed, please state.

#### Present Employer

<b>Name</b>	<input type="text"/>	
<b>May we contact them?</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Date of Employment</b>	<input type="text"/>	From (MM/DD/YYYY)
	<input type="text"/>	To (MM/DD/YYYY)
<b>Telephone</b>	<input type="text"/>	(123-456-7890)
<b>Address</b>	<input type="text"/>	
<b>Address2</b>	<input type="text"/>	
<b>City</b>	<input type="text"/>	
<b>State</b>	<input type="text"/>	
<b>ZIP</b>	<input type="text"/>	
<b>Type of trailer</b>	<input type="text"/>	
<b>Number of states</b>	<input type="text"/>	

#### First Previous Employer

<b>Name</b>	<input type="text"/>	
<b>May we contact them?</b>	<input type="radio"/> Yes <input type="radio"/> No	
<b>Date of Employment</b>	<input type="text"/>	From (MM/DD/YYYY)
	<input type="text"/>	To (MM/DD/YYYY)
<b>Telephone</b>	<input type="text"/>	(123-456-7890)

<b>Address</b>	<input type="text"/>
<b>Address2</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>ZIP</b>	<input type="text"/>
<b>Type of trailer</b>	<input type="text"/>
<b>Number of states</b>	<input type="text"/>
<b>Reason for leaving / Comments</b>	<input type="text"/>

### Second Previous Employer

<b>Name</b>	<input type="text"/>
<b>May we contact them?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Date of Employment</b>	<input type="text"/> From (MM/DD/YYYY) <input type="text"/> To (MM/DD/YYYY)
<b>Telephone</b>	<input type="text"/> (123-456-7890)
<b>Address</b>	<input type="text"/>
<b>Address2</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>ZIP</b>	<input type="text"/>
<b>Type of trailer</b>	<input type="text"/>
<b>Number of states</b>	<input type="text"/>
<b>Reason for leaving / Comments</b>	<input type="text"/>

### Third Previous Employer

<b>Name</b>	<input type="text"/>
<b>May we contact them?</b>	<input type="radio"/> Yes <input type="radio"/> No
<b>Date of Employment</b>	<input type="text"/> From (MM/DD/YYYY) <input type="text"/> To (MM/DD/YYYY)
<b>Telephone</b>	<input type="text"/> (123-456-7890)

Address	<input type="text"/>
Address2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP	<input type="text"/>
Type of trailer	<input type="text"/>
Number of states	<input type="text"/>
Reason for leaving / Comments	<input type="text"/>

**Career Information**

Trailer Experience and/or Endorsements	<input type="checkbox"/> Auto Hauling <input type="checkbox"/> Drop Deck <input type="checkbox"/> Flatbed <input type="checkbox"/> Other <input type="checkbox"/> Specialized <input type="checkbox"/> Doubles / Triples <input type="checkbox"/> Dry Van <input type="checkbox"/> HHG <input type="checkbox"/> Reefer <input type="checkbox"/> Tanker
Are you interested in driving regional?	<input type="radio"/> Yes <input type="radio"/> No

**If you are an Owner Operator, please fill out this section**

Do you currently lease or own a tractor?	<input type="radio"/> Yes <input type="radio"/> No  If Yes: <input type="text"/> Year <input type="text"/> Make <input type="text"/> Type <input type="text"/> Engine Size <input type="text"/> Mileage <input type="text"/> Tractor Weight <input type="text"/> Wheelbase <input type="text"/> 5th Wheel Height
If no, are you interested in a lease purchase program?	<input type="radio"/> Yes <input type="radio"/> No

**Do you own your own trailer?**

Yes

No

If Yes:

Type

The DOT requires a carrier to investigate your employment background when considering your application. This may include obtaining a consumer report from DAC Services. If you are not hired by a company based on information contained in your consumer report, you will be advised. You will also be advised of your right to obtain a free copy of the consumer report from DAC and your right to dispute the information in your report.

Your consent is necessary for a company to obtain a report from DAC.

**I have read this release and grant permission for company(s) to request a consumer report on me from DAC.**

**I have read this release and do not grant permission for company(s) to request a consumer report on me from DAC.**