DRIVER APPLICATION

Company Name: Altitude Transportation
Company Address: 1025 Smithfield Drive
Fort Collins, CO

Applicant Name:	SSAN::
Current Address: City: St. Zip: How Long? yrs. mos.	Phone Number:

Residence Past 3 Years

Address: City:	St.	Zip	How Long?	yrs.	mos.
Address: City:	St.	Zip	How Long?	yrs.	mos.
Address: City:	St.	Zip	How Long?	yrs.	mos.

Experience and Qualifications as a Driver

State	License #	Expiration Date	Type/Class (CDL A)	Endorsements

Driving Experience

Equipment Class	Type of Equipment (Van, Flat, Tank)	DATES From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

Date	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years

Date	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ?	☐ Yes ☐ No
B. Has any license, permit or privilege ever been revoked?	☐ Yes ☐ No
If yes attach statement giving details.	

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances 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 Driving Experience for the past 10 years

Last Employer: ____________________
Position held:____________________ [ ] CDL? From: __________ To____________________
Address: ____________________ City: __________ ST:____
Telephone #: ____________________ FAX: ____________________
Reason For Leaving: Was the driver subject to the FMCSRs? ☑ Yes ☐ No

Last Employer: ____________________
Position held:____________________ [ ] CDL? From: __________ To____________________
Address: ____________________ City: __________ ST:____
Telephone #: ____________________ FAX: ____________________
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ____________________
Position held:____________________ [ ] CDL? From: __________ To____________________
Address: ____________________ City: __________ ST:____
Telephone #: ____________________ FAX: ____________________
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ____________________
Position held:____________________ [ ] CDL? From: __________ To____________________
Address: ____________________ City: __________ ST:____
Telephone #: ____________________ FAX: ____________________
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer: ____________________
Position held:____________________ [ ] CDL? From: __________ To____________________
Address: ____________________ City: __________ ST:____
Telephone #: ____________________ FAX: ____________________
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

Last Employer:
____________________ Position held:
[ ] CDL? From: __________ To____________________ Address:
____________________ City: __________ ST:____
Telephone #: ____________________ FAX: ____________________
Reason For Leaving: Was the driver subject to the FMCSRs? ☐ Yes ☐ No

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

____________________ ____________________
Applicant's Signature DATE