

EMPLOYMENT HISTORY

CURRENT OR MOST RECENT EMPLOYER	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
PHONE FAX	
REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?	

PREVIOUS EMPLOYER 1	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
PHONE FAX	
REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?	

PREVIOUS EMPLOYER 2	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
PHONE FAX	
REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?	

PREVIOUS EMPLOYER 3	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
PHONE FAX	
REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?	

PREVIOUS EMPLOYER 4	DATE
NAME	FROM MO. YR. TO MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
PHONE FAX	
REASON FOR LEAVING	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?	

Note - If applying for Team Driver - both drivers must complete entire application and indicate name of other team member here:

Name: _____
First / MI Last

CDL Driver's License # _____ Expiration Date: ____/____/____

State: _____

CDL Endorsements? Hazmat Doubles/ Triples Tankers

Total years with Motor Vehicle License? _____

Any accidents in the past 3 years? _____ (Y/N)

If yes how many? _____ and please complete accident record below:

DATE (MM/DD/YY)	NATURE OF ACCIDENT (Head-on, Rear-End, Upset, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

Any moving violations in the past 3 years? _____ (Y/N) If yes how many? _____

Has your license ever been suspended? _____ (Y/N)

Any DUI Charges? _____ (Y/N)

Any Reckless Driving Charges? _____ (Y/N)

Any Felony Convictions? _____ (Y/N)

If you answered yes to any of the above questions, please provide details below:

LOCATION	DATE (MM/YY/DD)	CHARGE	PENALTY

Are you a U.S. Citizen? _____ (Y/N)

Are you currently employed? _____ (Y/N)

Have you ever made a late delivery that was your fault? _____ (Y/N)

If you answered yes – please explain _____

Have you ever failed or refused to drug test? _____ (Y/N)

How many jobs have you had in the last year? _____

How much do you weigh? _____

How tall are you? _____

Date of your last physical? _____ / _____ / _____ (MM/DD/YY)

Work Agreement: No Dedicated Freight? Agree Disagree

Signature: _____

Date: _____ / _____ / _____



Driver Master Worksheet, Release & Update

Driver's Name: _____

(Please Print Clearly)

Address: _____

City / State / Zip: _____ Direct deposit Y or N (circle one)

Phone: _____ Social Security Number: _____ Date of birth _____

Driver's License: _____ State: _____ Expires _____

Endorsements (ex N,X,T,P) _____ Physical expires: _____

Years of O.T.R. Driving Experience _____ (**Over the road driving with Semi Tractor & Trailer experience**)

Marital Status:(circle one) S M Dependents _____

Spouse's Name: _____ Spouse's Work Phone: _____ (In case of emergency)

List Three Emergency Contacts other than your spouse

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I _____ authorize without reservation, any party or Agency contacted by Schuster Company to run a Motor Vehicle Report, criminal history report, Work-mans Compensation history, Employment history, along with Drug & Alcohol testing results and any re-habilitation programs. If employed and/or once hired this release will remain in effect until the day my employment is ended at Schuster Company. According to Section 319.23 of the Federal Motor Carrier Safety Regulations. All parties releasing information will be released of any liabilities which may result from furnishing such information, including drug & alcohol.

Signature: _____

(Office Use Only)

Company Driver [] Pay Rate _____

Owner Operator [] Pay Rate _____

Trainee [] Pay Rate: _____