



## 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

Owners Name \_\_\_\_\_  
First MI Last

Name on Settlement Check

\_\_\_\_\_  
First MI Last

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Federal ID # \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Wheel Base (FF/II) \_\_\_\_\_

Empty Weight (lbs.) (5 digits) \_\_\_\_\_

5<sup>TH</sup> Wheel Height (F/II) \_\_\_\_\_

Stack Height (FF/II) \_\_\_\_\_

Lien Holders: \_\_\_\_\_  
First MI Last

Purchase Price \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

Purchase Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/YY/DD)

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)	
Driver Code	_____
Dispatcher	_____ Truck _____

(Office Use Only)	
Company Driver [ ]	Pay Rate _____
Owner Operator [ ]	Pay Rate _____
Trainee [ ]	Pay Rate: _____