



TURBO EXPRESS

Application

Phone: 734 667 1208
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 Email: applications@turboexpress.net

APPLICANT INFORMATION

| | | | | | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|------------------|-----|-----|--|--|
| Last Name | | | First | | | M.I. | | DOB | | |
| Street Address | | | | | | Apartment/Unit # | | | | |
| City | | | | State | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | |
| Social Security No. | | | | Date Available | | | | | | |
| Referred by | | | | | | | | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | | | |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | | | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | | | | | |

VEHICLE INFORMATION

| | | | | | | | |
|--------------------------------|--|----------------------|--|------------------------|--|------|--|
| Vehicle Type | | Make | | Model | | Year | |
| Cargo Area Dims (L" x W" x H") | | | | Door Opening (W" x H") | | | |
| Load Weight | | Vehicle Empty Weight | | Vehicle GVW | | | |
| Titled Owner | | | | VIN # | | | |
| Title State | | Plate # | | Insurance Policy by | | | |

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one drivers license, the information for which is listed below.

| | | | | | | | |
|---|--|----------------|--|-----------------|--|------------------------------|-----------------------------|
| State | | License Number | | Expiration Date | | DOB | |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, give details: | | | | | | | |
| B. Has any license, permit or privilege ever been suspended or revoked? | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, give details: | | | | | | | |

ACCIDENT RECORD

| Date | Nature of Accident (Head-on, read-end, etc.) | Fatalities (Yes/No) | Injuries (Yes/No) | DOT Recordable (Yes/No) |
|------|---|---------------------|-------------------|-------------------------|
| | | | | |
| | | | | |

TRAFFIC CONVICTIONS

| Date | Location | Charge/Violation | Penalty (points/suspension) |
|------|----------|------------------|-----------------------------|
| | | | |
| | | | |

DRIVING EXPERIENCE

| Type of Equipment | Company worked for | How long |
|-------------------|--------------------|----------|
| | | |
| | | |
| | | |

WORK HISTORY

| | | |
|---|----|--------------------|
| Company | | Phone |
| Address | | Manager |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous manager for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Company | | Phone |
| Address | | Manager |
| Job Title | | |
| Responsibilities | | |
| From | To | Reason for Leaving |
| May we contact your previous manager for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date