

DRIVER INFORMATION

First Name: _____ **Last Name:** _____

Social Security Number: _____

Address: _____

City: _____ **State:** _____

Home Phone: _____ **Mobile Phone:** _____

CDL License # _____ **Expiration Date** _____ **State** _____

MISCELLANEOUS INFORMATION

Tractor Year: _____ **Make/ Model** _____

Trailer Year: _____ **Make /Model** _____

How many leases have you had in the past 24 months? _____

Do you have any flatbed experience? YES ____ **NO** ____ **How man years?** ____

Do you need Mid Seven Plates or do you have your own? _____

DRIVER QUALIFICATIONS

1. Valid CDL from state of residence
2. No CDL suspension in the last three years
3. No major chargeable accidents within the last 12 months or no more than 3 chargeable minor accidents in the last three years.
4. A Minimum of 23 years of age.
5. No DWI's, DUI's within the last five years
- 6 No felony convictions.
7. Any applicant who has had a positive drug test result or who has refused a drug test will not be considered
- 8.No applicant will be processed until we have the opportunity to check driving records and former employers of said applicants, for the past 3 years, as required by the Department of Transportation

Fax To 515-266-1457 or Call 800-247-7448 / 515-266-5181