

# DRIVING EXPERIENCE - (Student must complete this section also)

TYPE OF EQUIPMENT	LENGTH OF EXPERIENCE	APPROXIMATE # OF MILES
TRACTOR AND SEMI TRAILER _____		
STRAIGHT TRUCK _____		
OTHERS _____		

IN WHAT STATES HAVE YOU DRIVEN REGULARLY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WORK EXPERIENCE — Please include dates of unemployed time.

**SHOWING THE PAST THREE (3) YEARS EMPLOYMENT, AND / OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS, LIST BELOW PAST AND PRESENT EMPLOYERS, BEGINNING WITH YOUR PRESENT OR MOST RECENT. ALL TIME MUST BE ACCOUNTED FOR INCLUDING UNEMPLOYMENT!**

**Unemployed** From: \_\_\_\_\_ To: \_\_\_\_\_ To verify call: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
Area Code — Phone # \_\_\_\_\_

Name of Company \_\_\_\_\_ Your Job Classification \_\_\_\_\_  
Address of Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accidents **YES OR NO** HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  
Equipment Driven  Tractor Trailer  Straight Truck  Other \_\_\_\_\_ Miles Per Week \_\_\_\_\_

**Unemployed** From: \_\_\_\_\_ To: \_\_\_\_\_ To verify call: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
Area Code — Phone # \_\_\_\_\_

Name of Company \_\_\_\_\_ Your Job Classification \_\_\_\_\_  
Address of Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accidents **YES OR NO** HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  
Equipment Driven  Tractor Trailer  Straight Truck  Other \_\_\_\_\_ Miles Per Week \_\_\_\_\_

**Unemployed** From: \_\_\_\_\_ To: \_\_\_\_\_ To verify call: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
Area Code — Phone # \_\_\_\_\_

Name of Company \_\_\_\_\_ Your Job Classification \_\_\_\_\_  
Address of Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accidents **YES OR NO** HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  
Equipment Driven  Tractor Trailer  Straight Truck  Other \_\_\_\_\_ Miles Per Week \_\_\_\_\_

**Unemployed** From: \_\_\_\_\_ To: \_\_\_\_\_ To verify call: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ ( )  
Area Code — Phone # \_\_\_\_\_

Name of Company \_\_\_\_\_ Your Job Classification \_\_\_\_\_  
Address of Company \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Accidents **YES OR NO** HOW MANY (PLEASE CIRCLE) 1 2 3 4 / MORE  
Equipment Driven  Tractor Trailer  Straight Truck  Other \_\_\_\_\_ Miles Per Week \_\_\_\_\_