

Answer the questions in this section only if applying for truck driver position

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth. §391.21 (b) (2)
 (month / day / year)

The U.S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR §391 Subpart E.

Date of last Department of Transportation prescribed physical examination _____. Have you ever been granted a waiver under section 391.49 or the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? Yes No

Licenses

Driver Licenses held in past 3 years must be shown	State	License No.	Type	Expiration Date

- A. Have you ever been denied a license permit or privilege to operate a motor vehicle? Yes _____ No _____
 - B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
 - C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____
- If you answered "yes" to A, B, C attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Expiration Date
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years _____
 List special courses or training that will help you as a driver _____
 List safe driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

I certify that all statements on this application are accurate to the best of my knowledge. I understand that any falsification or willful omission of facts will result in termination of employment. I authorize Aaron & Company to verify all information contained in this application. I understand that, if hired, I must satisfactorily complete a 60 day introductory period in order to be eligible for continued employment. I further understand that my employment is "at will" and that either Aaron & Company or I may terminate my employment at any time for any reason, with or without cause, and with or without notice. If hired, I will abide by all policies addressed in the Aaron & Company Employee Handbook. I agree that upon termination of my employment for any reason, I will satisfy all outstanding debts to the Company or make other arrangements satisfactory to the Company, or they will be deducted from my final paycheck(s).

Signature of Applicant _____

Office Use Only

Comments received from previous employers and other remarks: