

Daggett Truck Line, Inc. Pre-Application Questionnaire

Print Full Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ - _____ - _____ Birth Date: _____

1. How many years of tractor/trailer experience have you had? _____ Reefer? _____

2. Can you verify your previous work experience? **Y / N** (circle one)

3. Has your driver's license **EVER** been suspended, revoked, or restricted?
If yes, Explain: _____

4. Do you have a current CDL? **Y / N** (circle one) What state? _____ #: _____
List all the endorsements to your CDL. _____

5. Check the make of tractor(s) you have experience driving:

_____	IHC/Navistar	_____	Cab Over	_____	Conventional
_____	Kenworth	_____	Cab Over	_____	Conventional
_____	Freightliner	_____	Cab Over	_____	Conventional
_____	Peterbilt	_____	Cab Over	_____	Conventional
_____	Ford	_____	Cab Over	_____	Conventional
_____	Mack	_____	Cab Over	_____	Conventional
_____	Volvo	_____	Cab Over	_____	Conventional

6. Check the type of transmission(s) you have experience with:

_____	4 x 4 (16 speed)	_____	5 speed	_____	Fuller 913 (13 speed)
_____	10 speed	_____	RT 910	_____	5 speed - 3 speed aux.
_____	Fuller 12512 (13 speed)	_____	6 speed	_____	Automatic
_____	Triplex (15 speed)	_____	9 speed	_____	Other: _____

7. Check the type of trailer(s) you have experience with:

_____	Regular van	_____	Reefer unit	_____	Livestock
_____	Grain	_____	Hopper	_____	Drop deck
_____	Flatbed	_____	Liquid bulk tanker	_____	Tanker
_____	Doubles	_____	Triples	_____	Other: _____

8. Check the kind of commodities you have experience transporting:

_____	LTL freight	_____	Livestock	_____	Suspended meat
_____	Dairy products	_____	Grain	_____	Feed
_____	Lumber	_____	Heavy equipment	_____	Sand/gravel
_____	Petroleum	_____	Haz. Mat.	_____	Reefer products
_____	Steel	_____	Household goods	_____	Other: _____

9. Check the states you have operated in as a commercial driver:

AL_____	AZ_____	AR_____	CA_____	CO_____	CT_____	DE_____	FL_____	GA_____
ID_____	IL_____	IN_____	IA_____	KS_____	KY_____	LA_____	MA_____	ME_____
MD_____	MI_____	MN_____	MS_____	MO_____	MT_____	NE_____	NV_____	NH_____
NJ_____	NM_____	NY_____	NC_____	ND_____	OH_____	OK_____	OR_____	PA_____
RI_____	SC_____	SD_____	TN_____	TX_____	UT_____	VT_____	VA_____	WA_____
WV_____	WI_____	WY_____						
Canada:	AB_____	BC_____	MB_____	ON_____	QB_____			

10. List **ALL** the accidents and traffic violations you have had in the past three years:

Mo / Yr	Location	Type/Circumstance	Car?	Truck?	Other?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. Give a **COMPLETE** record of all employment for the **past three years**, including any unemployment or self employment, and **ALL** commercial driving experience for the **past ten years**.

MO / YR **MO / YR** **Last Employer**
From _____ to _____ Name _____
Position held _____ Address _____
Reason for leaving _____ Phone # _____ Fax # _____

Were you subject to FMCSRs while employed there? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

MO / YR **MO / YR** **Second Last Employer**
From _____ to _____ Name _____
Position held _____ Address _____
Reason for leaving _____ Phone # _____ Fax # _____

Were you subject to FMCSRs while employed there? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

MO / YR **MO / YR** **Third Last Employer**
From _____ to _____ Name _____
Position held _____ Address _____
Reason for leaving _____ Phone # _____ Fax # _____

Were you subject to FMCSRs while employed there? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

MO / YR **MO / YR** **Fourth Last Employer**
From _____ to _____ Name _____
Position held _____ Address _____
Reason for leaving _____ Phone # _____ Fax # _____

Were you subject to FMCSRs while employed there? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

MO / YR **MO / YR** **Fifth Last Employer**
From _____ to _____ Name _____
Position held _____ Address _____
Reason for leaving _____ Phone # _____ Fax # _____

Were you subject to FMCSRs while employed there? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No