

Non-CDL Driver Employment Application

Personal Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email: _____

Social Security Number: _____

Driver's License Number: _____

State of Issue: _____ Expiration Date: _____

Position Applying For

Non-CDL Delivery Driver

Date Available to Start: _____

Work Availability

Full Time Part Time

Days Available: Mon Tue Wed Thu Fri Sat Sun

Shift Preference: _____

Driving Experience

Type of Vehicle(s) Driven: _____

Years of Experience: _____

Any moving violations in the past 3 years? Yes No

If yes, please explain: _____

Employment History (last 3 years)

1. Company Name: _____

Job Title: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

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2. Company Name: _____

Job Title: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

References (Provide two professional references)

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

Authorization & Signature

I certify that the information provided is true and complete. I authorize the investigation of all statements contained in this application.

Signature: _____ Date: _____