



**HERNDON
INCORPORATED**
P.O. Box 36 • Lugoff, SC 29078

DRIVER APPLICATION

DATE: _____

Applicant Name:	Social Security #: _____
	Date of Birth: _____
Current Address:	
City: _____	State: _____ Zip: _____
Phone: _____	Alternate Phone Number: _____

Residence Past 3 Years

Address:		
City:	State:	Zip:
Address:		
City:	State:	Zip:
Address:		
City:	State:	Zip:

Driver Experience and Qualifications

List the states and license numbers of all licenses held for 3 years

State:	License #:	Expiration Date:	Class:
Endorsement:			
State:	License #:	Expiration Date:	Class:
Endorsement:			
State:	License #:	Expiration Date:	Class:
Endorsement:			

Driving Experience

Equipment Class	Type of Equipment	Dates: From – To	Approx # of Miles
Straight Truck			
Tractor Semi Trailer			
Tractor with Doubles			
Tractor with Triples			
Tractor with Tank			
Other:			

Accidents/Crashes for the past 3 years or more

Date:	Nature of Accident	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years

Date of conviction	Offense	Location	Type of vehicle operated

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes or No
- B. Has any license, permit or privilege ever been revoked? Yes or No
If Yes, list

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such testing? Yes or NO

EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for last 10 years

Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City _____ State _____ Telephone #: _____ Fax: _____ Reason for leaving: _____
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City _____ State _____ Telephone #: _____ Fax: _____ Reason for leaving: _____
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City _____ State _____ Telephone #: _____ Fax: _____ Reason for leaving: _____
Last Employer: _____ Position held: _____ From: _____ To: _____ Address: _____ City _____ State _____ Telephone #: _____ Fax: _____ Reason for leaving: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicants Signature _____ **Date:** _____

