



DRIVER INQUIRY FORM

TRUCK MOD YR _____ TYPE _____

DRIVER NAME: _____ SOCIAL SECURITY # _____

DL # _____ STATE _____ DOB _____

CURRENT ADDRESS: _____

PHONE # HOME _____ CELL _____ EMAIL _____

HOW MUCH VERIFIABLE OTR EXPERIENCE? _____

WHAT TYPE OF EQUIPMENT OPERATED? VAN _____ FLAT _____ TANKER _____ DUMP _____ OTHER _____

ENDORSEMENTS ON CDL HAZ _____ TANK _____ OTHER _____ TWIC CARD? YES NO

CDL SUSPENSION? NO YES DATE: _____

MOVING VIOLATIONS IN PAST 3 YRS? NO YES LIST TYPE AND DATE: _____

ACCIDENT IN PAST 3 YRS? NO YES CMV? NO YES DATE: _____

WORK RECORD FOR PAST 3 YRS (ALL JOBS MUST BE LISTED)

START WITH MOST RECENT EMPLOYER

Table with 4 columns: COMPANY NAME, PHONE #, DATES: FROM TO, REASON FOR LEAVING. Includes 5 rows of blank lines for data entry.