



1411 4th Street SW
 Waseca, MN 56093
 (507) 835-9147

frederick.f2trucking@gmail.com

APPLICATION FOR CLASS A CDL DRIVER

Date of application: / /

Last Name: _____ First Name: _____ MI: _____

Address: _____ How Long? _____

City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____

Social Security #: _____ Date of Birth: _____

Email: _____

Previous addresses for the last 3 years:

Street _____ City _____ State _____ Zip _____

Street _____ City _____ State _____ Zip _____

Driver's Licenses Held:

State: _____ License #: _____ Type: _____ Exp Date: _____

State: _____ License #: _____ Type: _____ Exp Date: _____

Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date (s) From	Date (s) To	Approximate Number of miles (total)
Straight Truck				
Tractor & Semitrailer				
Other				

Accident Record for Past 3 years

Date of accident(s), (most current first)	Nature of accident (Head-on, Rear- end, Upset, Etc.)	Fatalities	Injuries

Application for Class A CDL Driver continued

Have you ever been convicted of a felony DUI or DWI? Yes No .

If yes, please explain:

Traffic Convictions and Forfeitures for the past 3 years (not including parking violations)

Location	Date	Charge	Penalty

Have you had any license, permit or privilege suspended or revoked? Yes No .

If yes please explain:

Have you ever tested positive for Drugs and/or alcohol? Yes No .

If yes, please explain

I certify that this application and any attachment sheets have been completed by me, and that all entries and information are true and accurate to the best of my knowledge.

Print Name _____ Date _____

Signature _____

Documents needed upon acceptance of position:

Owner Operators

W9 with corresponding Documentation
Proof of Insurance
Vehicle Registration
Inspection reports

Drivers

I9 and W9 with corresponding Documentation
Valid CDL Driver's License
Valid Medical Card
Social Security Card or Valid US Passport

****Scan and email completed application to: frederick.f2trucking@gmail.com**

**** Please review our website to learn more about F2 Trucking, Inc. www.f2trucking.com**

Past Employment Record:

(List all employers for the last three years and all DOT regulated employers for the past 10 years)

Last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Second to Last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Third to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

Fourth to last Employer

Employer	Address	City	State Zip
Phone Number	Fax Number	Hire date	Term date
Position held	Reason for leaving	Company DOT regulated?	Were you DOT Drug and alcohol tested?
		yes no	yes no

I certify that this application and any attachment sheets have been completed by me, and that all entries and information are true and accurate to the best of my knowledge.

Print Name _____ **Date** _____

Signature _____