



**Transource Logistics Application for Lease**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Endorsements: \_\_\_\_\_

Do you have the legal right to work in the United States? **Yes / No**

Are you currently employed? **Yes / No**

If not, how long since your last employment? \_\_\_\_\_

Can you provide proof of your age? **Yes / No**

Who referred you? \_\_\_\_\_

**List your addresses of residency for the previous 3 years.**

**Current Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

**Previous Addresses:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

Have you ever worked for this company before? **Yes / No**      If so, When? \_\_\_\_\_

## EMPLOYMENT HISTORY (LAST THREE YEARS)

All driver applicants to driver in interstate commerce must provide the following information on all employers during the preceding **3 Years**. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional **7 years' information on those employers for whom the applicant operated such a vehicle**

(NOTE: List employers in reverse order starting from the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
<b>Name:</b>	<b>From:</b> <b>To:</b>
<b>Address:</b>	<b>Position:</b>
<b>City:</b>	<b>Salary:</b>
<b>Phone &amp; Contact:</b>	<b>Reason for Leaving:</b>

EMPLOYER	DATE
<b>Name:</b>	<b>From:</b> <b>To:</b>
<b>Address:</b>	<b>Position:</b>
<b>City:</b>	<b>Salary:</b>
<b>Phone &amp; Contact:</b>	<b>Reason for Leaving:</b>

EMPLOYER	DATE
<b>Name:</b>	<b>From:</b> <b>To:</b>
<b>Address:</b>	<b>Position:</b>
<b>City:</b>	<b>Salary:</b>
<b>Phone &amp; Contact:</b>	<b>Reason for Leaving:</b>

EMPLOYER	DATE
<b>Name:</b>	<b>From:</b> <b>To:</b>
<b>Address:</b>	<b>Position:</b>
<b>City:</b>	<b>Salary:</b>
<b>Phone &amp; Contact:</b>	<b>Reason for Leaving:</b>

EMPLOYER	DATE
<b>Name:</b>	<b>From:</b> <b>To:</b>
<b>Address:</b>	<b>Position:</b>
<b>City:</b>	<b>Salary:</b>
<b>Phone &amp; Contact:</b>	<b>Reason for Leaving:</b>

ACCIDENT REPORT FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS-DRIVER**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes / No**

B. Has any license, permit or privilege ever been suspended or revoked? **Yes / No**

IF THE ANSWER TO EITHER [A] OR [B] IS YES, WRITE DETAILS ON THE BACK OF THIS PAGE.

Have you, during the past 3 years, tested positive or refused to test on ANY D.O.T. DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER INCLUDING PRE-EMPLOYMENT TESTING? **Yes / No**

If yes, please list when, for what company and provide us with documentation on your release from SAP.

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**DRIVING EXPERIENCE – IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	NUMBER OF YEARS OPERATED	TYPE OF EQUIPMENT OPERATED
STRAIGHT TRUCK: _____		
TRACTOR & SEMI TRAILER: _____		
PIGGYBACK/INTERMODAL: _____		
DUMP TRUCKS: _____		

Special training, courses or experience that may help your performance with this company.

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries and information on it are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving on lease decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of work has been extended with the exception of drug & alcohol testing results) I hereby release employees, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of coming on lease, I understand that false or misleading information given in my application or interview(s) may result in termination of lease. I understand, also, that I am required to abide by all rules and regulation of the Company.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_