## **Driver Information Form**

<u> Personal Information</u> – Please pr	int clearly – All areas must be filled in.
Full Name:	
Date of Birth:	
Home Address:	
Phone:	Can we text you at this number? Y or N
Email:	
Social Security Number:	
Are you signed up for the FMCSA Clearingho	use? Y or N
Do you have any Felonies? Y or N If yes explain.	
CDL Information	
	State:
Date Issued: Expires:	
Class: Endorsements: _	
Hazmat Training Date Haz	zmat Expires:
<b>Medical Information</b>	
	es - What is its expiration date?
If No – What is the reason you do not have one	e?
To be completed by Ri	ite Way Consulting, LLC.
2 1	
Applicant hired? Yes No H	lire Date:
Received completed Driver Qualification File	Initials: Date
(Email to Rite Way Consulting, LLC. at <u>rwc</u> <u>immediate</u>	<u>e@new.rr.com</u> <u>ely</u> for MVR search & Random Pool)

## **Driver Certification** (to be completed by driver)

## I certify:

- That I comply with the Federal Motor Carrier Safety Regulations and the Hazardous Material Regulations (if applicable).
- That I have reported all moving traffic violations to my supervisor during the past 12 months.
- That my CDL is current and is registered in the state of residence.
- That my DOT physical is current and, in my possession while driving.
- The following is a true and complete list of traffic violations, personal and CMV (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

## Citations: If none, circle NONE. If convicted of a moving violation in the past 12 months, list by type and date:

Date	Offense	Location		Type of Vehicle Operated
Driver's signature: _		 ]	Date:	
Print name:				