



PO Box 3148, Oxford, MS 38655

GREENSERV TRUCKING LLC DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Full Name _____ Date of Application _____

Current Address	City	State	Zip	Phone
_____	_____	_____	_____	_____
Social Security Number	Date of Birth	Driver's License Number	State	Exp. Date
_____	_____	_____	_____	_____

List any addresses in which you've lived in the three years prior to this application:

Address	City	State	Zip
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____
Address	City	State	Zip
_____	_____	_____	_____

Please list any jobs that you have had in the past requiring the use of motor vehicles:

1. _____

Company	Position / Responsibilities		
_____	_____		
Dates of Employment	Reason for Leaving	Subject to FMCSR?	DOT Drug Testing?
_____	_____	_____	_____

2. _____

Company	Position / Responsibilities		
_____	_____		
Dates of Employment	Reason for Leaving	Subject to FMCSR?	DOT Drug Testing?
_____	_____	_____	_____

3. _____

Company	Position / Responsibilities		
_____	_____		
Dates of Employment	Reason for Leaving	Subject to FMCSR?	DOT Drug Testing?
_____	_____	_____	_____



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Please list all motor vehicle accidents in which you have been involved during the last 3 years:

Date of Accident	Summary of Accident
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Date of Accident	Summary of Accident
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Date of Accident	Summary of Accident
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Please list all violations of motor vehicle laws and ordinances for which you have been convicted or forfeited bond or collateral during the last 3 years:

Date of Violation	Summary of Violation
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Date of Violation	Summary of Violation
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Date of Violation	Summary of Violation
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More than 3 violations in the last 3 years? No Yes (Please continue on additional page)

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle:

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

Applicant Signature _____ Date _____