

PARKWAY AUTO TRANSPORT, INC.

PO BOX 308, CLEARWATER, MN 55320
PHONE: (800) 626-4587, FAX: (320)558-2242

DRIVER APPLICATION

NAME	First	Middle	Last
ADDRESS	Street	City	State / Zip
PHONE(S)	Home	Cell	Work / Other
How long have you lived at this address?			
Date of Birth		Height	ft. in. Weight
Who referred you?			
Do you have the legal right to work in the United States?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you now employed?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?			YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT HISTORY

Please list your previous three employers, starting with the most recent.

Name		From (mo./yr.)		To (mo./yr.)	
Address		Position			
City	State/Zip	Salary/Wage			
Contact	Phone	Reason for Leaving			
Name		From (mo./yr.)		To (mo./yr.)	
Address		Position			
City	State/Zip	Salary/Wage			
Contact	Phone	Reason for Leaving			
Name		From (mo./yr.)		To (mo./yr.)	
Address		Position			
City	State/Zip	Salary/Wage			
Contact	Phone	Reason for Leaving			

DRIVERS LICENSES

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

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

C. Have you ever tested positive for a pre-employment or random Drug or Alcohol test in the past two years? YES NO

If you answered "Yes" to items A, B, or C above, attach a statement giving detail.

DRIVING EXPERIENCE

List all tractor and semi-trailer experience

TYPE OF EQUIPMENT (Auto Carrier, Van, Tank, Flat, etc.)	APPLICABLE DATES

List further trucking, transportation or other experience that may apply to this position.

Please mail or fax completed form.