



WWW.CONTINENTALX.COM

1-800-745-9670

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone # ( ) \_\_\_\_\_ Best Time to be Reached: \_\_\_\_\_
E-mail: \_\_\_\_\_ # of Years Driving OTR \_\_\_\_\_
Type of Experience: \_\_\_\_\_ Van \_\_\_\_\_ Flatbed
Driver's License # \_\_\_\_\_ Class \_\_\_\_\_ State \_\_\_\_\_ Hazmat Y / N

Have You Ever:

Had any license, permit, or privilege suspended or revoke? Y / N
Have you ever been convicted of felony? Y / N
Have you ever been cited for DUI or DWI? Y / N
Have you ever tested positive or had results reported positive on any DOT drug or alcohol test? Y / N

PRESENT EMPLOYER:

Company: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
Position Held: \_\_\_\_\_ Type of Trailer \_\_\_\_\_ # of States: \_\_\_\_\_
# of Accident/ Incident: \_\_\_\_\_ Explain: \_\_\_\_\_
Reason for Leaving: \_\_\_\_\_

PAST EMPLOYER:

Company: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
Position Held: \_\_\_\_\_ Type of Trailer \_\_\_\_\_ # of States: \_\_\_\_\_
# of Accident/ Incident: \_\_\_\_\_ Explain: \_\_\_\_\_
Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_
Position Held: \_\_\_\_\_ Type of Trailer \_\_\_\_\_ # of States: \_\_\_\_\_
# of Accident/ Incident: \_\_\_\_\_ Explain: \_\_\_\_\_
Reason for Leaving: \_\_\_\_\_

I hereby certify that this information is correct and complete to the best of my knowledge. I authorized Continental Express Inc. to obtain information to my past or present work history, and to do a complete background investigation in accordance with state and federal laws. Furthermore, I give my express consent for consent for DAC Services, any previous employer, their agent, Medical Review Officer or their agent to release information concerning any of my past controlled substance tests. I release all persons from any liability or damage. E.O.E.

-----FOR IMMEDIATE RESPONSE, FAX TO (501) 558-3298-----

Signature \_\_\_\_\_ Date \_\_\_\_\_