



COAST TO COAST TRANSPORTERS LLC

DRIVER PRE-QUALIFICATION FORM

PERSONAL INFORMATION

|                  |  |
|------------------|--|
| Name             |  |
| Address          |  |
| City/State/Zip   |  |
| Phone            |  |
| Email            |  |
| Social Security  |  |
| Date of Birth    |  |
| CDL Number       |  |
| CDL State/Expire |  |

PROFESSIONAL EXPERIENCE

|                         |       |
|-------------------------|-------|
| Years of Experience     | Years |
| Years of Hauling:       |       |
| <i>Dry Van</i>          | Years |
| <i>Refrigerated Van</i> | Years |
| <i>Autos</i>            | Years |
| <i>Flatbed</i>          | Years |
| <i>Step Deck</i>        | Years |
| <i>Over dimensional</i> | Years |

Do you have tarping experience? YES NO

Have you been issued a ticket in the past 12 months? YES NO

Have you been issued a ticket in the past 36 months? YES NO

Have you ever been cited with reckless driving charges? YES NO

Have you ever had your license suspended? YES NO

Have you been involved in any accidents within the past 3 years? YES NO

Have you been involved in any DOT Reportable Accidents? YES NO

If so, were the accidents major or minor? \_\_\_\_\_



## COAST TO COAST TRANSPORTERS LLC

### WORK HISTORY

Please include your prior ten-years of work history in the fields below. If there has been lapses in active driving, please notate those lapses with an explanation.

| Company | Location | Phone | Start Date | End Date |
|---------|----------|-------|------------|----------|
|         |          |       |            |          |
|         |          |       |            |          |
|         |          |       |            |          |
|         |          |       |            |          |
|         |          |       |            |          |
|         |          |       |            |          |
|         |          |       |            |          |

### ADDITIONAL INFORMATION

Please use the space below to include any additional notes or comments:

I understand that Coast to Coast Transporters will submit the information above to their insurance company for an evaluation of risks and costs.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_