

Driver Instructor Application for Employment

(You must sign each area that is highlighted in Yellow)

Just Drive Right
1924 Clairmont Rd
Suite # 30
Decatur, Georgia, 30033
Email: info@justdriveright.com

Phone: (404) 993-5622

Last Name _____ First _____ Middle _____ SSN _____ - _____ - _____

Date of Birth (MM/DD/YY) ____/____/____ (Drivers Only) (The U.S. Department of Transportation requires that driver applicants state their date of birth - 391.21(b)(2).)

Current Address _____ City _____ State _____ ZIP _____

Phone (____) _____ - _____ County of Residence _____

Position Applying For _____ Temporary ___ Part Time ___ Full Time _____

Rate of Pay Expected _____

Education

Highest Grade Completed _____ College _____ Trade School _____

Last School Attended _____ City _____ State _____

Driving School Attended _____ City _____ State _____ Completion Date _____

General

Have you ever been bonded? _____ Name of Bonding Company _____

Have you ever been convicted of a felony? _____ (If yes, please explain fully in the comments section in the back of this application. Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.)

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years.

Start with the current or most recent position, including military experience.

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Employer _____ Supervisor's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Position Held _____ From _____ to _____ Rate of Pay _____

Reason for Leaving _____

Driver Experience and Qualification

State	License Number	Type	Expiration Date

Driver licenses held in the past 3 years must be shown.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
2. Has any license, permit or privilege ever been suspended or revoked? Yes __ No ____

Accident Review for Past 3 Years

Dates (Most Recent First)	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the Past 3 Years Other than Parking Violations

Location	Date	Charge	Penalty

Note: If you need additional space for the accident portion or traffic violations, please note them in the other comments section in the back of this application.

Other comments that you would like to add that you think would help in our decision:
