

## **DRIVER PRELIMINARY INFORMATION FORM**

If you are interested in driving for Bynum Transport, please complete the preliminary information form below.

***This is a preliminary screening form only.***

If the information you submit indicates that you may be qualified to become a driver for Bynum Transport, we may contact you either by e-mail or telephone to arrange a time for you to come to our offices and complete a comprehensive “Qualification Application” for our consideration.

# Bynum Transport, Inc.

## Driver Information

Date: \_\_\_\_\_ Local: \_\_\_\_\_ OTR: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Driver referral: \_\_\_\_\_

How much verifiable OTR in last 5 years: \_\_\_\_\_

Snow, Ice and Mountain: (Y) (N)

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SS#: \_\_\_\_\_

CDL#: \_\_\_\_\_ State: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Ever fail or refuse drug or alcohol test: (Y) (N) If yes, when: \_\_\_\_\_

Rear-end accident: (Y) (N) Roll-over accident: (Y) (N)

DUI: (Y) (N) If yes, when/where: \_\_\_\_\_

CDL suspended or revoked: (Y) (N) If yes, explain: \_\_\_\_\_

Felony or misdemeanor convictions: (Y) (N) If yes, explain: \_\_\_\_\_

Present employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone #: \_\_\_\_\_

Previous employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone #: \_\_\_\_\_

Previous employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone #: \_\_\_\_\_

Previous employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone #: \_\_\_\_\_