

# **DRIVER'S APPLICATION**

**PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE AND PROOF OF AUTO INSURANCE.**

Applicant's Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

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

Social Security# \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Previous Addresses:

\_\_\_\_\_ How long? \_\_\_\_\_  
Street, City, State, Zip

\_\_\_\_\_ How long? \_\_\_\_\_  
Street, City, State, Zip

Do you have the legal right to work in the U.S? \_\_\_\_\_

\*Please attach proof with application.

Have you ever pled guilty or "no contest" to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar - all circumstances will be considered.

## **EMPLOYMENT HISTORY**

1. Employer's Name \_\_\_\_\_ Date: From – To \_\_\_\_\_

Employer's Full Address \_\_\_\_\_ Position Held \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

**EMPLOYMENT HISTORY (CONT'D)**

Reason for Leaving: \_\_\_\_\_

2. Employer's Name \_\_\_\_\_ Date: From – To \_\_\_\_\_

Employer's Full Address \_\_\_\_\_ Position Held \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Employer's Name \_\_\_\_\_ Date: From – To \_\_\_\_\_

Employer's Full Address \_\_\_\_\_ Position Held \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*Please attach additional employers or resume on a separate sheet of paper.

\_\_\_\_\_

List all motor vehicle accidents in which you were involved in the last 3 years. If none, write none. List the nature/offenses and # of fatalities/personal injuries.

\_\_\_\_\_

List all violations of motor vehicle laws or ordinances in the last 3 years. If none, write none.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How many years of driving experience? \_\_\_\_\_ years**

List all driver's licenses or permits held in the past 3 years.

|                  |                        |                 |                            |
|------------------|------------------------|-----------------|----------------------------|
| _____<br>(State) | _____<br>(License No.) | _____<br>(Type) | _____<br>(Expiration date) |
| _____<br>(State) | _____<br>(License No.) | _____<br>(Type) | _____<br>(Expiration date) |
| _____<br>(State) | _____<br>(License No.) | _____<br>(Type) | _____<br>(Expiration date) |

(A) Has any license, permit, or privilege ever been suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

(B) Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*If yes to either (A) or (B), please give details on a separate sheet of paper.

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**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14+

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**TO BE READ AND SIGNED BY APPLICANT**

**I authorize Restaurant RoadRunner Inc. to make such investigations and inquiries of my personal, employment, and other related matters. I hereby release employers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that false or misleading information given in my application or interview may result in discharge. I understand that I am required to abide by all rules and regulations of the Company. I understand that the information I provide regarding current and/or previous employers may be used, and those employers may be contacted, for the purpose of investigating my safety performance history. All information given is for the sole purpose of making determination for the drivers' position.**

**This certifies that all its contents are true and completed to the best of my knowledge.**

\_\_\_\_\_  
**Signature of Prospective Driver**

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

**All prospective drivers are considered without regard to race, color, religion, sex, age, national origin, or any other protected group status.**

**Mail application to:**

**Restaurant RoadRunner Inc.  
13800 Highway 9 North – Suite D187  
Alpharetta GA 30004  
Phone 770-870-7132 Fax: (678) 278-8018  
Email: restaurantrr@yahoo.com**

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PROOF TO WORK IN THE U.S (if applicable), AND AUTO  
INSURANCE.**

**THIS IS AN INDEPENDENT CONTRACTOR POSITION**