



**COMMERCIAL DRIVER EMPLOYMENT HISTORY**

PLEASE COMPLETE THE FOLLOWING FORM OR PROVIDE A COPY OF THE D.O.T. EMPLOYMENT RECORD

INSURED: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

NAME OF DRIVER: \_\_\_\_\_

DRIVER'S DOB: \_\_\_\_\_ DRIVER'S DL NUMBER: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION. INCLUDE YOUR CURRENT EMPLOYER AND LIST IN THE ORDER OF MOST RECENT EMPLOYER FIRST. YOU MUST HAVE TWO COMPLETE YEARS OF EMPLOYMENT.**

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF VEHICLE DRIVEN:

\_\_\_ STRAIGHT TRUCK \_\_\_ TRACTOR/SEMI TRAILER \_\_\_ DUMP TRUCK \_\_\_ LIMOUSINE  
\_\_\_ BUS (# OF PASSENGERS \_\_\_) \_\_\_ OTHER

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

RADIUS OF USE: \_\_\_ 0-75 MILES \_\_\_ 76-300 MILES \_\_\_ OVER 300 MILES

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF VEHICLE DRIVEN:

\_\_\_ STRAIGHT TRUCK \_\_\_ TRACTOR/SEMI TRAILER \_\_\_ DUMP TRUCK \_\_\_ LIMOUSINE  
\_\_\_ BUS (# OF PASSENGERS \_\_\_) \_\_\_ OTHER

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\_\_\_ BUS (# OF PASSENGERS \_\_\_) \_\_\_ OTHER

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

RADIUS OF USE: \_\_\_ 0-75 MILES \_\_\_ 76-300 MILES \_\_\_ OVER 300 MILES



HAVE YOU HAD ANY ACCIDENTS IN THE LAST THREE YEARS:  NO  YES

IF YES, PLEASE DESCRIBE:

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DURING THE PAST THREE YEARS HAVE YOU HAD A MINIMUM OF TWO YEARS FULL-TIME, OVER THE ROAD DRIVING EXPERIENCE?  YES  NO

DO YOU OBJECT TO VERIFICATION OF THE ABOVE INFORMATION?  YES  NO

DRIVER'S SIGNATURE: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO [INFO@ARACHASGROUP.COM](mailto:INFO@ARACHASGROUP.COM).**