



Employment Record

Please complete the following Employment Record History:

Insured's Name: _____ Name of Owner/Driver: _____

(List in order of most recent employer. MUST HAVE AT LEAST LAST FIVE-YEAR HISTORY)

Employer: _____ State: _____ Phone Number: _____

Number of Years Employed: _____ Dates of Employment: From _____ To _____

Type of Vehicle Driven or Title held at this entity: _____ Class of License Held: _____

Straight Truck Tractor/Semi Trailer Dump Truck Limousine Bus (#of passengers____) Tow Trucks Roll Back

Job Title & Duties (please be specific, include managerial duties if applicable): _____

Employer: _____ State: _____ Phone Number: _____

Number of Years Employed: _____ Dates of Employment: From _____ To _____

Type of Vehicle Driven or Title held at this entity: _____ Class of License Held: _____

Straight Truck Tractor/Semi Trailer Dump Truck Limousine Bus (#of passengers____) Tow Trucks Roll Back

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Type of Vehicle Driven or Title held at this entity: _____ Class of License Held: _____

Straight Truck Tractor/Semi Trailer Dump Truck Limousine Bus (#of passengers____) Tow Trucks Roll Back

Job Title & Duties (please be specific, include managerial duties if applicable): _____

Have you had accidents in the last 3 years? Yes No

If yes describe. Please provide the details _____

Have you attended any truck driving/driver training school?

If yes describe. Please provide the details _____

Do you currently have any Driver or Safety Certifications? Yes No

If yes describe. _____

Do you plan to be a subcontractor for other companies? Yes No

If yes describe. _____

Highest level of Education completed: High School College Technical School University

Signature of Employee: _____

Date: _____