

Mail or Fax This Application Today!

Company Driver

Owner Operator

Name _____ SSN# _____
Email: _____ Cell/Pager: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

CDL#: _____ State: _____ Exp: _____ Class: _____
of tickets in last 3 yrs: _____ # of accidents in last 3 yrs: _____
Years of experience? _____
Date of last DOT physical: _____ Height: _____ Weight: _____

If Owner Operator Year: _____ Make: _____ Model: _____ Wheel Base: _____
Trailer: Year: _____ Make: _____ Unit Make: _____

May we contact your present employer? Yes _____ No _____

Please list employers and unemployment time for at least the past three years:

1st employer: _____
City: _____ State: _____
Dates of employment: From: _____ To: _____
Phone#: _____ Type of trailer: _____ #of states: _____

2nd employer: _____
City: _____ State: _____
Dates of employment: From: _____ To: _____
Phone#: _____ Type of trailer: _____ #of states: _____

3rd employer: _____
City: _____ State: _____
Dates of employment: From: _____ To: _____
Phone#: _____ Type of trailer: _____ #of states: _____

I certify that I personally completed this application for the purpose of employment and that all the information herein is true and correct. I authorize Midwest Continental, Inc., to do a complete background investigation in accordance with federal and state laws. I authorize release of any information, including all information related to my alcohol and controlled substances testing and training records, by any former employers and hold them harmless of any liability from release of said information. I also consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc. deemed necessary for consideration of employment.

Signature: _____ Date: _____

Mailing Address:
Midwest Continental, Inc.
P.O. Box 3289
Sioux City, IA 51102

Fax #:
712-239-1616