

Driver Name: _____

AMERATRANS DRIVER APPLICATION CHECKLIST

In order to process and complete your application, we need the following documentation from you. You may fax (727-289-7882) or email (admin@ameratransllc.com) the information to the Ameratrans office. The following checklist is provided to assist you with this process.

From Driver's Forms Page of Website (www.ameratransllc.com):

- _____ Short Form Application (List all states on tag—see note at bottom of page for preferred states)
- _____ Long Form Application (All gaps in employment must be explained on a separate sheet. Please provide clear & accurate contact information, especially fax numbers for all previous employers)
- _____ Previous Employer Form (Complete only last section: "Authorization to Release")
- _____ Previous Employer Responses (Office use only)
- _____ Signed and Initialed Lease
- _____ Signed Pg. 48 Controlled Substances and Alcohol Policy
- _____ Signed Last Page of Ameratrans Company Handbook
- _____ Initialed and Signed Final Driver's Checklist

Other:

- _____ Copy of Driver's License
- _____ Copy of SSN Card
- _____ DOT Medical Card
- _____ DOT Long Form Medical
- _____ Drug Test Results
- _____ Truck Registration
- _____ Trailer Registration (if applicable)
- _____ Annual Inspection Report for Truck
- _____ Annual Inspection Report for Trailer (if applicable)
- _____ Seven Days Off Duty Logs
- _____ Preferred States on Tag: FL, GA, SC, NC, TN, AL, VA, WV, TX, MS, IL, OH, KY, MO, LA, AR, IN, MI, and WI. (Contact us regarding missing states)