

Driver Information Form

Jsoki Trucking, LLC

Personal Information – Please print clearly

Full Name: _____

Date of Birth: _____

Home Address for past three years: _____

Cell Phone: _____ Can we text you at this number? Y or N

Social Security Number: _____

CDL Information

Driver's License Number: _____ State: _____

Date Issued: _____ Expires: _____

Class: _____ Endorsements: _____ Any Felonies? Y or N If Yes, explain situation

How many years of experience do you have with your Class A CDL? _____

How many years of Tractor trailer experience do you have? _____

Any (personal or work) moving tickets-violations in the past three years: Y or N If yes, date and explain situation.

Medical Information

Expiration date on your fed Medical Card? _____

Have you ever failed a Fed Med Exam? Y or N

Emergency Contact person & relation _____ Phone # _____

Please attach a copy your **Fed Med Card, Social Security card & front and Back of your CDL.**

You can take picture and send to address below.

All information will be kept safe

Email to Rite Way Consulting, LLC. at

rlw@new.rr.com or 920~883~0301