

**Tri-State Cardboard**



**EMPLOYMENT APPLICATION**

**PLEASE COMPLETE AND SEND TO ONE OF THE FOLLOWING**

**EMAIL: [INFO@TRISTATECARDBOARD.COM](mailto:INFO@TRISTATECARDBOARD.COM)**

**FAX: 888.503.3907**



**Tri-State Cardboard**



**PO BOX 9527  
FORT LAUDERDALE, FL 33310**

**DRIVER APPLICATION ADDENDUM**

**Additional Residence Information-Past 3 Years**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Must provide previous employer's fax number.

ADDITIONAL EMPLOYMENT RECORD INFORMATION ALL FOR PAST 3 YEARS AND COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN YEARS.	
Last Employer: _____	
Position held: _____	From: _____ To: _____
CDI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	
City: _____	State: _____ Zip: _____
E-mail: _____	Phone: _____ Fax: _____
Reason for leaving: _____	
Last Employer: _____	
Position held: _____	From: _____ To: _____
CDI? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	
City: _____	State: _____ Zip: _____
E-mail: _____	Phone: _____ Fax: _____
Reason for leaving: _____	

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Must provide previous employer's fax number.

ADDITIONAL EMPLOYMENT RECORD INFORMATION ALL FOR PAST 3 YEARS AND COMMERCIAL DRIVING EXPERIENCE FOR THE PAST TEN YEARS.	
Last Employer: _____	
Position held: _____	From: _____ To: _____
CDL? [ ] Yes [ ] No	
Address: _____	
City: _____	State: _____ Zip: _____
E-mail: _____	Phone: _____ Fax: _____
Reason for leaving: _____	
Last Employer: _____	
Position held: _____	From: _____ To: _____
CDL? [ ] Yes [ ] No	
Address: _____	
City: _____	State: _____ Zip: _____
E-mail: _____	Phone: _____ Fax: _____
Reason for leaving: _____	

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**PO BOX 9527  
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**DRIVER APPLICATION**

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ?     Yes     No

B. Has any license, permit or privilege ever been revoked?     Yes     No

*If yes attach statement giving details.*

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing?     Yes     No

**EMPLOYMENT RECORD**  
ALL FOR PAST 3 YEARS AND COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS\*\*

Last Employer: _____	
Position held: _____ From: _____ To: _____	
CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	
City: _____ State: _____ Zip: _____	
E-mail: _____ Phone: _____ Fax: _____	Must provide previous employer's fax number
Reason for leaving: _____	
Last Employer: _____	
Position held: _____ From: _____ To: _____	
CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address: _____	
City: _____ State: _____ Zip: _____	
E-mail: _____ Phone: _____ Fax: _____	
Reason for leaving: _____	

\*\* If needed, use DRIVER APPLICATION ADDENDUM section to list

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

\* **APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_ \*