

## **Document Checklist:**

1. Completed application Form
  2. Present Address, Phone Numbers (Cell, Home, Emergency)
  3. Employment History.
  4. DMV Abstract.
  5. Drug and Alcohol Test Report.
  6. Copies of the following items
    - a. Social-Security-Card.
    - b. Commercial Driving License. (DMV if CDL from PA or California.)
    - c. Medical Card and Medical Report.
    - d. GC (or) Work Authorization (or) Citizenship (or) Birth Certificate (or) Federal Id.
- APPLICABLE TO OWNER OPERATORS**
- e. Insurance Certificate in name of All Over Trucking Inc.
  - f. Truck Registration.
  - g. Annual Inspection.
  - h. Current Insurance
  - i. Current IFTA.

**Name:**

**Date:**

**Owner Operator's Name:**

**Cell Phone #:**

**Home Phone#:**

**Present Address:**