

COMMERCIAL DRIVER EMPLOYMENT HISTORY

Please complete the following or forward a copy of the D.O.T. Driver Employment Record.

Insured CANNON TRUCK LINES

Name of Driver Angelo Medina

Driver's Date of Birth 11/17/07

Policy No. _____

Driver's License Number D7259858

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer DC Logistics Phone (209) 825 5002
Address 1299 Vanderbilt Cir. Manteca CA 95337

Amount of Experience _____
Driving Vehicle Types Listed: ☐ Straight Truck 100 % ☒ Tractor/Semi Trailer _____ % ☐ Dump Truck _____ %
☐ Limousine _____ % ☐ Bus (# of passengers _____) _____ % ☐ Other _____ %

Date of Employment: From (MO/YR) 03/2018 To (MO/YR) 01/2020

Radius of Use: ☒ 0 - 75 Miles ☒ 76 - 300 Miles ☐ Over 300 Miles

Employer Allen Distribution Phone (717) 258 3040
Address 4730 Fite Ct, Stockton CA 95215

Amount of Experience _____
Driving Vehicle Types Listed: ☐ Straight Truck 100 % ☒ Tractor/Semi Trailer _____ % ☐ Dump Truck _____ %
☐ Limousine _____ % ☐ Bus (# of passengers _____) _____ % ☐ Other _____ %

Date of Employment: From (MO/YR) 02/2020 To (MO/YR) 11/2021

Radius of Use: ☒ 0 - 75 Miles ☒ 76 - 300 Miles ☐ Over 300 Miles

Employer Cheema Freightlines LLC Phone (209) 599-0777
Address 10200 McKinley Ave. Lathrop CA 95330

Amount of Experience _____
Driving Vehicle Types Listed: ☐ Straight Truck 100 % ☒ Tractor/Semi Trailer _____ % ☐ Dump Truck _____ %
☐ Limousine _____ % ☐ Bus (# of passengers _____) _____ % ☐ Other _____ %

Date of Employment: From (MO/YR) 12/2021 To (MO/YR) 11/2023

Radius of Use: ☒ 0 - 75 Miles ☒ 76 - 300 Miles ☐ Over 300 Miles

Have you had any accidents in the last 3 years? ☐ Yes ☒ No If yes, please describe. _____

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer? ☒ Yes ☐ No

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize Northland Insurance to verify the information provided above.

Angelo Medina
Signature of Driver

9/9/24
Date