

COMMERCIAL DRIVER
EMPLOYMENT HISTORY

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

Insured _____ Name of Driver Jaswinder Singh Gill
Policy No. _____ Driver's Date of Birth 01-10-1997
Driver's License Number 428642903

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

Employer MLT Transinc Phone (209) 625-7370
Address 2000 W Turner Rd, Lodi, CA
Amount of Experience _____
Driving Vehicle Types Listed: ☐ Straight Truck _____% ☒ Tractor/Semi Trailer _____% ☐ Dump Truck _____%
☐ Limousine _____% ☐ Bus (# of passengers _____) _____% ☐ Other _____%
Date of Employment: From (MO/YR) 03-20-2024 To (MO/YR) 01-10-2025
Radius of Use: ☐ 0 - 75 Miles ☐ 76 - 300 Miles ☒ Over 300 Miles

Employer MPX Transinc Phone (916) 756-5555
Address 10123 bay harbor drive stockton, CA
Amount of Experience _____
Driving Vehicle Types Listed: ☐ Straight Truck _____% ☒ Tractor/Semi Trailer _____% ☐ Dump Truck _____%
☐ Limousine _____% ☐ Bus (# of passengers _____) _____% ☐ Other _____%
Date of Employment: From (MO/YR) 01-28-2023 To (MO/YR) 02-10-2024
Radius of Use: ☐ 0 - 75 Miles ☐ 76 - 300 Miles ☒ Over 300 Miles

Employer _____ Phone _____
Address _____
Amount of Experience _____
Driving Vehicle Types Listed: ☐ Straight Truck _____% ☐ Tractor/Semi Trailer _____% ☐ Dump Truck _____%
☐ Limousine _____% ☐ Bus (# of passengers _____) _____% ☐ Other _____%
Date of Employment: From (MO/YR) _____ To (MO/YR) _____
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.

Signature of the Named Insured or Driver

Date

02-14-2025