## STORER TRANSIT SYSTEMS DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name	Date of Application				
I am applying for the position of driver at the following location(s) (check all that apply):					
□ 140 Enterprise Court, Suite B, Galt, CA 95632 (209) 745-1742					
□ 2100 B Street, Marysville, CA 95901 (530) 742-2877					
□ 13033 Sanguinetti Road, Sonora, CA 95370	(209) 532-0404				
□ 1418 N Golden State Blvd, Suite 2, Turlock, CA 95380	(209) 668-5600				
□ 501 Beard Avenue, Modesto, CA 95354	(209) 521-8331				
□ 3450 Enterprise Avenue, Hayward, CA 94545	(510) 331-0445				
□ 1846 Rollins Road, Burlingame, CA 94010	(510) 246-2161				
TO BE READ AND SIGNED BY APPLICANT					
I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary at arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment as been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.					
In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.					
I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:					
Review information provided by previous employers. Have errors on the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employers; and have a rebuttal statement attached to the alleged erroneous information if the previous employers(s) and I cannot agree on the accuracy of the information.					
Signature	Date				

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, marital status, veteran status, or any other protected group, class or status.

## **APPLICANT INFORMATION**

(Answer all questions - please print)

Name				D	ate			
	₋ast	First	Mid	dle				
The Federa	l motor Carrier Safety Reg	ulations (49CFR	391.21 (b) (2) require	s that driver applicants բ	orovide their o	date of birth ar	nd SS#.	
Dat	e of Birth		,	Social Security No.				
Date of Birth (Required for Commercial Drivers)			ers)	Social Security No.	(Required for	Commercial D	Orivers)	
Can you provide proof of age?				☐ Yes	□ No			
Do you have the legal right to work in the United States?				☐ Yes	□ No			
List your addre	sses of residency fo	or the past 3	<b>years.</b> (Use a se <sub>l</sub>	parate sheet of pap	er as nece	ssary.)		
Current					Phone	9		
\ddress		Str			u.			
_		City / Stat	e / Zip Code		_ Lengt	thYr / Mo		
revious		·	•					
ddresses	Street		City	State/Zip		<u> </u>	Yr / Mo	
-	Street		City	State/Zip		Length	Vr / Mo	
	Street		City	State/Zip		Length		
<del>-</del>	Street		City	State/Zip		J	Yr / Mo	
lave you ever ap	plied for a position with	this company b	efore?   Yes	□ No				
	for this company before		□ No					
f yes, Dept	Position		Date: From	To				
Reason for leaving	g?							
are you now empl	oyed?	☐ Yes	□ No					
Who referred you'	?							
s there any reaso	n you might be unable	to perform the f	unctions of the job	for which you have ap	oplied (as de	escribed in th	e attached	
ob description? If	yes, please explain							
com • All c	river applicants must pr plete mailing address, s ommercially licensed dr icant operated a commo	ovide the follow street number, c river applicants	city, state and zip co must provide an <u>ac</u>	all <u>employers during</u> ode. Iditional 7-year work	history on a	all employers	for whom the	
EMPLOYMENT List your previous	HISTORY employers starting wit			te sheet of paper as i	necessary.)			
	EMPLOYER		ER				ATE	
Name						FROM <u>Mo. Yr.</u>	Mo. Yr.	
Address						Position Held		
City		State	Zip			Dogger familia	n de a	
Contact Person			Phone Number			Reason for lea	aving	
	to the FMCRs† while e		☐ Yes ☐ No					
	ignated as a safety sen			•	e drug and			
alcohol testing re	quirement of 49 CFR P	ART 40?	☐ Yes ☐ No	)				

EMPLOYER	DATE					
Name		FROM TO Mo. Yr. Mo. Yr.				
Address		Position Held				
City State Zip						
Contact Person Phone No	umber	Reason for leaving				
Were you subject to the FMCRs <sup>†</sup> while employed? ☐ Yes	□ No					
Was your job designated as a safety sensitive function in any DOT						
alcohol testing requirement of 49 CFR PART 40?						
		FROM   TO				
Name		Mo. Yr. Mo. Yr.				
Address		Position Held				
City State Zip						
Contact Person Phone No	umber	Reason for leaving				
Were you subject to the FMCRs <sup>†</sup> while employed? ☐ Yes	□ No					
Was your job designated as a safety sensitive function in any DOT	-regulated mode subject to the drug and					
alcohol testing requirement of 49 CFR PART 40? ☐ Yes	□ No					
EMPLOYER		DATE				
Name		FROM TO Mo. Yr. Mo. Yr.				
Address		Position Held				
City State Zip						
Contact Person Phone No	umber	Reason for leaving				
Were you subject to the FMCRs <sup>†</sup> while employed? ☐ Yes	□ No					
Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug and						
alcohol testing requirement of 49 CFR PART 40? ☐ Yes	□ No					
EMPLOYER		DATE				
Name		FROM TO Mo. Yr. Mo. Yr.				
Address		Position Held				
City State Zip						
Contact Person Phone No	umber	Reason for leaving				
Were you subject to the FMCRs <sup>†</sup> while employed? ☐ Yes	□ No					
Was your job designated as a safety sensitive function in any DOT	-regulated mode subject to the drug and					
alcohol testing requirement of 49 CFR PART 40? ☐ Yes ☐ No						
EMPLOYER	DATE					
Name		FROM TO Mo. Yr. Mo. Yr.				
Address		Position Held				
City State Zip						
Contact Person Phone No	umber	Reason for leaving				
Were you subject to the FMCRs <sup>†</sup> while employed? ☐ Yes	□ No					
Was your job designated as a safety sensitive function in any DOT	-regulated mode subject to the drug and					
alcohol testing requirement of 49 CFR PART 40? ☐ Yes	□ No					
When had a contribute had a second of OCO OCA the common of the contribute of the co	-1-11-1-1	P 0 11 X				

<sup>\*</sup> Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designated to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>†</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on the highway in interstate commerce to transport passengers or property when the vehicle: (1) Weighs or has a GVWR of 10,001 lbs. or more (2) is designated or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT REC	ORD - For th	<u> </u>	Attach separate sheet a	s needed). IT	none, v	write NOr	NE.	Uozo	rdous	
Date	Nature of Accident (Head-on, rear-end, side swipe, etc)			Fatalit	ies	Injuri	Hazardous es Material Spill			
	,		, , ,					] Yes	□ No	
								] Yes	□ No	
								] Yes	□ No	
TRAFFIC CONVI	ICTIONS & I	FORFEITURES	6 - For the past 3 years	(other than n	arking	violations				
Date		Locat	-		Charge					
Date					Onlarge				Penalty	
LICENSING - List	t all driver lice	nses or permits I	neld in the past 3 years					1		
Driver	St	ate	License No.		Туре		ре	Expiration Date		
Licenses	Licenses									
A. Have vou ever b	been denied a	license permit d	or privilege to operate a	motor vehicle	2?	П	Yes □ I	No		
•		• •	n suspended or revoked				Yes □ I			
•		· ·	•	•			.00	. 10		
If the answer to eith	ner A or B is Y	ES, please give	details							
DRIVING EXPER	RIENCE - Ple	ase indicate whe	ether or not you have ha	d any experie	nce dr	iving the	following vel	hicles.		
Class of Equ	uipment	Experience	Type of Equipmen	t (Circle)	From	(M/Y)	To (M/Y)	Ap	prox No. Miles	
Straight Truck	•	☐ Yes ☐ No	Van Tank Flat Du							
Tractor & Semi-Trailer		☐ Yes ☐ No	Van Tank Elet Du	Van, Tank, Flat, Dump, Refer						
Tractor – Two Trailers		☐ Yes ☐ No	Van Tank Elet Du							
Tractor – Three Trailers		☐ Yes ☐ No	Van Tank Flat Du	Van, Tank, Flat, Dump, Refer						
	Motor Coach – School Bus (More than 8 passengers)		N/A							
	Motor Coach – School Bus (More than 15 passengers)		N/A							
Other										
EXPERIENCE A	ND QUALIF	ICATIONS	erated in the <b>last 5 year</b> s		compa	any:				
List courses and tra	aining other th	an shown elsewl	here in this application:							
List special equipm	ent or technic	al materials you	can work with (other tha	n those alrea	dy sho	wn):				
EDUCATION	ada aawawlata	-d. 1 0 0 1 5	6.7.0 Himb	Cabaali 4 (	2 2 4		Callaga	4 0 0	4.5	
			6 7 8 High				_			
Last school atten	aea: Name _					City,	State		· · · · · · · · · · · · · · · · · · ·	
and information ir	this applicat n it are true a	tion was comple and complete to	eted by me, and that a the best of my knowl	ledge.	n it	subm can a or at	any field offi	is applic e at: <u>ww</u> ce.	cation. You w.dmv.ca.gov	
Applicant Signature					Date	Date				