

STORER TRANSPORTATION SERVICE 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):

- 3519 McDonald Ave, Modesto, CA 95358 (209) 521-8250
- 300 Toland Ave, San Francisco, CA 94124 (415) 642-9400

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 status.

**** Applications are current and reviewed up to a maximum of three months. ****

FOR COMPANY USE ONLY

Reviewed By _____	Date _____	Selected	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ride-a-Long Driver _____	Time _____ AM			_____ No Show
Driver _____	Time _____ PM			_____ No Show
Pre-Interview _____	Passed	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Interview _____	Passed	<input type="checkbox"/> Yes		<input type="checkbox"/> No

EMPLOYER			DATE	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	State	Zip		
Contact Person		Phone Number	Reason for leaving	
Were you subject to the FMCRs [†] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	State	Zip		
Contact Person		Phone Number	Reason for leaving	
Were you subject to the FMCRs [†] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	State	Zip		
Contact Person		Phone Number	Reason for leaving	
Were you subject to the FMCRs [†] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	State	Zip		
Contact Person		Phone Number	Reason for leaving	
Were you subject to the FMCRs [†] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER			DATE	
Name			FROM Mo. Yr.	TO Mo. Yr.
Address			Position Held	
City	State	Zip		
Contact Person		Phone Number	Reason for leaving	
Were you subject to the FMCRs [†] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

* 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.

† 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 RECORD - For **past 3 years** (Attach separate sheet as needed). If none, write NONE.

Date	Nature of Accident (Head-on, rear-end, side swipe, etc)	Fatalities	Injuries	Hazardous Material Spill
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS & FORFEITURES - For **past 3 years** (other than parking violations). If none, write NONE.

Date	Location	Charge	Penalty

LICENSING - List all driver licenses or permits held in the **past 3 years**.

Driver Licenses	State	License No.	Type	Expiration Date

- 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 suspended or revoked? Yes No

If the answer to either A or B is YES, please give details _____

DRIVING EXPERIENCE - Please indicate whether or not you have had any experience driving the following vehicles.

Class of Equipment	Experience	Type of Equipment (Circle)	From (M/Y)	To (M/Y)	Approx No. Miles
Straight Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor & Semi-Trailer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor – Two Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor – Three Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Motor Coach – School Bus (More than 8 passengers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A			
Motor Coach – School Bus (More than 15 passengers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A			
Other _____					

List states in which the above equipment was operated in the **last 5 years**:

EXPERIENCE AND QUALIFICATIONS

List any trucking, transportation or other experience that may help in your work for this company:

List courses and training other than shown elsewhere in this application:

List special equipment or technical materials you can work with (other than those already shown):

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5
 Last school attended: Name _____ City, State _____

TO BE READ AND SIGNED BY APPLICANT

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

A Driver's License Record must be submitted with this application. You can access online at: www.dmv.ca.gov or at any field office.

Applicant Signature _____ Date _____



Since 1952

FMCSA DRUG & ALCOHOL CLEARINGHOUSE Applicant Form

Applicant Name: _____

Division: _____

ACTION REQUIRED TO BE CONSIDERED FOR EMPLOYMENT WITH STORER

As an applicant with Storer, we are required to run a full query on all prospective employees that hold a Commercial Driver's License or Permit **prior** to a job offer being made. This full query is mandated by the Federal Motor Carrier Safety Administration (FMCSA). This online database helps keep roads safer for all drivers by identifying drivers prohibited from performing safety-sensitive functions, such as operating a commercial motor vehicle, due to a drug or alcohol program violation.

If you are not registered, please visit <https://clearinghouse.fmcsa.dot.gov/register>. Applicants that do not hold a Commercial Driver's License or Permit are not required to register for the Clearinghouse at this time- see the FAQ's for more information.

Select from following and submit with your application:

- I hold a Commercial License and am registered with the Clearinghouse
- I hold a Commercial License and will complete my registration within the Clearinghouse prior to my interview
- I do not hold a Commercial License

Be aware, we will be unable to proceed with a job offer if you have not completed the registration process **AND** provided your electronic consent that allows Storer to view your drug and alcohol history **through** the Clearinghouse.

Applicant Signature

Date

FOR OFFICE USE ONLY

QUERY SUBMITTED: _____

QUERY REVIEWED: _____

JOB OFFERED: YES NO

FAQ's related to this mandatory requirement

What drivers and employers will be affected?

There are a lot of people who will be affected by Clearinghouse, including interstate/ intrastate motor carriers, school bus drivers, operators of construction equipment, limo drivers, municipal vehicle drivers, federal organizations, and other organizations that employ drivers subject to FMCSA drug and alcohol testing regulations, including Storer.

Do CDL drivers have to register for Clearinghouse?

YES, they need to be registered so they can give electronic consent in the Clearinghouse when current or prospective employers need to do a full query. (That includes mandatory pre-employment queries) Drivers also need to be registered so that they can check their own information.

Can drivers who have not received their CDL permit register for Clearinghouse?

NO, you cannot register until you receive your Commercial Permit.

1. You must register within 48 hours of obtaining your Commercial Permit **and** notify your hiring manager you have completed the registration process.
2. Storer will conduct your full query within five (5) business days.
3. You will need to respond and provide an electronic consent **through** the Clearinghouse to complete this query within 24 hours of receiving the request.

How does Clearinghouse impact drivers with a CDL?

Employers are mandated to conduct a database query as part of the pre-employment background check.

Employers will have to use the database in several ways:

- To do full queries as part of the pre-employment driver investigation process
- To run limited queries once a year for each employee
- To get electronic consent from drivers for full queries (including pre-employment queries)
- To report violations of drug and alcohol use
- To record return-to-duty results that are negative as well as the date of a successful follow-up testing plan for any drivers

What are full queries and limited queries?

There are different kinds of queries: limited queries and full queries.

1. A **limited query** allows Storer to see if a driver's record has any information regarding drug and alcohol program violations, whether resolved or unresolved. There won't be detailed information from the driver's Clearinghouse records. Limited queries only require general consent, which is processed during the intake process with Storer. This general consent will be valid for 5 years from your hire date.
2. A **full query** allows Storer to see the details about drug or alcohol violations that are in a driver's record. We need an electronic consent **through** the Clearinghouse before receiving this detailed information about those violations.

Pre-employment driver investigations with previous employers?

Prospective employers will have to do both electronic queries in the Clearinghouse...and manual inquiries with the previous employers for the next 3 years. That's because they need to meet the three-year timeframe for pre-employment driver investigations. After January 6, 2023, three years will have passed since the database went into effect, so prospective employers will not have to continue manual inquiries.

Can drivers correct information in the Clearinghouse?

Yes. There is a way for drivers to ask that their information be changed. However, they can only challenge the accuracy of the information reported – not the accuracy or validity of test results.

Please visit <https://clearinghouse.fmcsa.dot.gov> for more information and to register



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PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position that involves the performance of safety-sensitive functions as defined by 49 CFR Part 655 / 382.113, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation (FTA / FMCSA).

I acknowledge that any offer of employment is contingent on the passing of the drug test and I will not be assigned to perform a safety-sensitive function unless my drug test is a verified negative result with no evidence of prohibited drug use.

Signature of Applicant

Date

Print Name

Witness Signature

Date

Print Name

(Your application will not be considered for employment of a safety-sensitive position unless this acknowledgement is completed and signed)





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FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize representatives of Storer to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, or reassignment as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history; education; references; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; motor vehicle records, including traffic citations and registration; previous drug and alcohol test results and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department or other persons having personal knowledge to furnish any and all information in their possession regarding me in connection with an application of employment.

These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me. I may also view and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to our offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The HR Department can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

Applicant's Signature

Date

Print Name





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DUE PROCESS RIGHTS

- (A) Driver's who want to review investigative information provided by their previous employer(s) must submit a written request to the prospective employer. This can be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment.
- (B) After receiving the request, the prospective employer must give the information to the applicant within five business days. If the requested information has not yet arrived from the previous employer(s), then the five business day's deadline begins when the prospective employer receives the information.
- (C) The driver must arrange to review the records **within 30 days** of the prospective employer making them available.
- (D) The driver/applicant has the right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer; and
- (E) The driver/applicant has the right to have a rebuttal statement to the alleged information, if the previous employer and the driver cannot agree on the accuracy of the information

Applicant's Signature

Date

Print Name



EEOC Self-Identification Form

Storer (Storer Transportation Service, Storer Transit Systems, Storer Transportation School and Contract Service) invites all applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not affect the application process. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

We comply with government regulations including but not limited to affirmative action responsibilities as required by the EEO provisions of Federal law, including Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, Age Discrimination in Employment Act of 1967, Title II of the Genetic Information Nondiscrimination Act of 2008, 49 U.S.C., 5332(b) of the Federal Transit Act, U.S. Department of Transportation EEO implementing regulations (49 CFR Part 21) and the FTA Master Agreement.

Thank you for your participation!

Application Date:

Position Applying for: _____

Gender: Male Female **I do not wish to self-identify**

Race / Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify.

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

Native American or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment)

Multiple 2 or more races (Non-Hispanic)

I do not wish to self-identify

Veteran Status: **No**, I am not a Veteran **Yes**, I am a Veteran

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Position Applied: _____ Interviewed?: _____ Date of Hire: _____

Entered: _____ Date: _____



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Today's Date: _____

Thank you for taking the time to complete an application for our open position(s). We are evaluating our recruitment methods to best reach employee candidates and your assistance with the survey below is greatly appreciated. After finishing the survey please return it to our office with your completed application.

How did you find out about the position for which you are applying? (Please, check all that apply)

- _____ Newspaper (please specify): _____
- _____ Radio (please specify): _____
- _____ Television please specify): _____
- _____ Job Board (please specify): _____
- _____ Website (please specify): _____
- _____ EDD (Employment Development Dept.)
- _____ Flyer: How did you get a flyer? _____
- _____ Storer Transportation Employee: Who? _____
- _____ Other: _____

Thanks again for your assistance!

