

# 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):**

- 1216 Doker Drive, Modesto, CA 95358 (209) 527-4900
- 140 Enterprise Court, Suite B, Galt, CA 95632 (209) 745-1742
- 2100 B Street, Marysville, CA 95901 TBD
- 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

## 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, inquires 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.

**\*\* 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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 <sup>†</sup> 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](http://www.dmv.ca.gov) or at any field office.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

# **STORER Transit Systems**

3519 McDonald Avenue • Modesto, California 95358  
Telephone 209.521.8250 • Fax 209.758.4043 • Fax 209.758.4054

**Since 1952**

## **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



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## **FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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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)*

***www.storercoachways.com***



# 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:** \_\_\_\_\_

**Gender:**  Male  Female **Position Applying for:** \_\_\_\_\_

**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

**Disability:** Do you have a Disability?  **Yes**  **No**

If you checked "Yes", is your disability one of the targeted disabilities listed below?  **Yes**  **No**

·Blindness

·Autism

·Bipolar Disorder

·Post-traumatic stress disorder (PTSD)

·Deafness

·Cerebral palsy

·Major depression

·Obsession compulsive disorder

·Cancer

·HIV/Aids

·Multiple sclerosis (MS)

·Impairments requiring the use of a wheelchair

·Diabetes

·Schizophrenia

·Missing limbs or

·Intellectual disability (previously called mental

·Epilepsy

·Muscular

partially missing limbs

retardation)

Dystrophy