

DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

I am applying for the following position(s) (check all that applies):

- Charter Driver Storer Coachways, 3519 McDonald Ave, Modesto, CA 95358, (209) 521-8250
- School Bus Driver Storer Transportation, 3519 McDonald Ave, Modesto, CA 95358, (209) 521-8331
- StART, DAR, ROTA Storer Transit Systems, 1216 Doker Dr, Modesto, CA 95351, (209) 527-4900

#1 SJ Bus Driver Storer San Joaquin, 1909 South Argonaut Street, Stockton, CA 95206, (209) 644-5100

- SCT Link Driver SCT Link, 140 Enterprise Ct, Suite B, Galt, CA 95632, (209) 745-1742
- TCT Driver Tuolumne County Transit, 13033 Sanguinetti Rd, Sonora, CA 95370, (209) 532-0404

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, sex, national origin, age, marital status, veteran status, non-job related disability, 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	Salary/Wage	
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	Salary/Wage	
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	Salary/Wage	
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	Salary/Wage	
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	Salary/Wage	
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.

**Submit a current DMV
10-Year (H-6) Printout
with application**

Applicant Signature _____ Date _____

STORER Transportation

1909 S. Argonaut Street • Stockton, California 95206
Telephone 209.644.5100 • Fax 209.644.5130

San Joaquin
Since 1952

CONSENT TO PRE-EMPLOYMENT "RIDE-A-LONG" AND WAIVER OF COMPENSATION/WORKER'S COMPENSATION INSURANCE COVERAGE

I, _____, hereby certify that I am an applicant for employment at **STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE**, dba STS, and that I desire to *voluntarily* participate in the "RIDE-A-LONG" program. I understand that my participation in this program may occupy as many as seven hours of my own free time, but that none of that time will be compensated to me by **STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE**, dba STS, nor will I be covered by any worker's compensation insurance in the event I am injured. Expressly understanding the foregoing, I hereby waive any and all rights I may have to claim that compensation is owed to me for my voluntary participation in this program, or for worker's compensation insurance coverage in the event that I am injured during said program.

I further understand that my participation in this program will have no bearing on my suitability for employment at **STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE**, dba STS, and that I will be considered an applicant for employment at **STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE**, dba STS, regardless of whether I participate in this program.

Finally, I understand that if I am hired by **STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE**, dba STS, that my employment will be "at-will", meaning that either myself or the company can terminate my employment, at any time, for any reason, with or without notice, and with or without cause. I further understand that any agreement to the contrary, if late made, shall not be valid unless it is in writing and signed by the President of **STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE**, dba STS.

Signature: _____ Date: _____
(applicant's name)



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Company Name _____

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

Social Security Number



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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 which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having 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 covered safety-sensitive position unless this acknowledgement is completed and signed.)

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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 report to the prospective employer. This can be done 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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Thank you for taking the time to fill out an application for the position we have open. We are constantly looking for ways to find good employee candidates and your assistance with the survey below is greatly appreciated. After filling out 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)

- The Stockton Record
- The Stockton Record (weekend extra)
- Spanish Newspaper: What Newspaper? _____
- Other Newspaper: What Newspaper? _____
- Radio: Do you remember what station? _____
- Television: Do you remember what station? _____
- EED (Employment Development Dept.)
- GAIN
- County Work Program: What Program? _____
- Flyer: How did you get a flyer? _____
- Storer Transportation Employee: Who?: _____
- Other: _____

Today's Date: _____

Thanks again for your assistance!

