

DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

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

- | | | |
|---|--|----------------|
| <input type="checkbox"/> Storer Saugus | 26501 Ruether Ave, Santa Clarita, Ca. 91350 | (661) 298-3240 |
| <input type="checkbox"/> Storer Hart / New Hall | 21429 Centre Pointe Pkwy, Santa Clarita, Ca. 91350 | (661) 288-0400 |

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, 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 | |

APPLICANT INFORMATION

(Answer all questions – please print)

Name _____ Date _____
 Last First Middle

Date of Birth _____ Social Security No. _____
 (Required for Commercial Drivers)

Can you provide proof of age? Yes No

Do you have the legal right to work in the United States? Yes No

List your addresses of residency for the past 3 years. (Use a separate sheet of paper as necessary.)

Current Address

Street _____ Phone _____

City / State / Zip Code _____ Length _____

Yr / Mo _____

Previous Addresses

Street _____ City _____ State/Zip _____ Length _____

Yr / Mo _____

Street _____ City _____ State/Zip _____ Length _____

Yr / Mo _____

Street _____ City _____ State/Zip _____ Length _____

Yr / Mo _____

Have you ever applied for a position with this company before? Yes No

If yes, list date(s) _____

Have you worked for this company before? Yes No

If yes, Dept _____ Position _____ Date: From _____ To _____ Rate of Pay _____

Reason for leaving? _____

Are you now employed? Yes No If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No Name of bonding Co. _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? Yes No

If yes, please explain fully on a separate sheet of paper as necessary. Conviction of a crime is not automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? If yes, please explain. _____

APPLICANT HISTORY

- All driver applicants to drive interstate commerce must provide the following information on all employers during the **preceding 3 years**. List complete mailing address, street number, city, state and zip code.
- Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an **additional 7 years** information on those employers for whom the applicant operated such vehicle.

EMPLOYMENT HISTORY

List your previous employers **starting with the most recent**. (Use a separate sheet of paper as necessary.)

| 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? Yes 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 | |
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| 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 _____