## STORER COACHWAYS DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name Date of Application							
I am applying for the position of drive	er 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	4 (415) 642-9400						
TO BE REA	AD AND SIGNED BY APPLICANT						
matters as may be necessary at arriving at an employ and after a conditional offer of employment as been e	iries of my personal, employment, financial or medical history and other related yment decision. (Generally, inquires regarding medical history will be made only if extended.) I hereby release employers, schools, health care providers and other d releasing information in connection with my application.						
In the event of employment, I understand that false o discharge. I understand, also, that I am required to all	r misleading information given in my application or interview(s) may result in bide 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						
Ride-a-Long         Driver           Driver	Time PM No Show						
Pre-Interview	Passed □ Yes □ No						
Interview	Passed □ Yes □ No						

## **APPLICANT INFORMATION**

(Answer all questions – please print)

Name \_\_\_\_

	Last	First	Mic	ddle			
The Feder	al motor Carrier Safet	y Regulations (49CFR	391.21 (b) (2) require	s that driver applicant	s provide their	date of birth an	d SS#.
Da	ite of Birth			Social Security No	)		
	(Require	d for Commercial Drive	ers)	_			
Can you	provide proof of ag	e?		☐ Yes	□ No		
Do you h	nave the legal right	to work in the United	States?	☐ Yes	□ No		
st your addr	esses of residen	cy for the past 3	<b>years.</b> (Use a se	parate sheet of pa	aper as nece	essary.)	
ırrent					Phon	e	
ldress		Stre	Lengt	th			
		City / Stat	e / Zip Code		Lengi	thYr	/ Mo
evious						Length	
ldresses	Street		City	State/Zi <sub>l</sub>	0		Yr / Mo
	Street		City	State/Zip	)	Length	Yr / Mo
						Length	
	Street		City	State/Zip	)	-	Yr / Mo
	for this company b	pefore?   Yes	□ No				
yes, Dept	Positio	n	Date: From	To			
eason for leavir	ng?						
e you now emp						mployment?	
-	, ,	able to perform the fi	·	·			e attached
pre • App yea  MPLOYMENT	ceding 3 years. List olicants to drive a cours information on the	drive in interstate co st complete mailing a ommercial motor veh nose employers for w	address, street num icle* in intrastate o whom the applicant	ide the following inf iber, city, state and r interstate commer operated such vehi	zip code. ce shall also picle.		-
st your previous	s employers <b>startin</b>	g with the most red EMPLOY		ate sheet of paper a	s necessary.)		ATE
ame		EWIFLOT	LIX			FROM	TO
						Mo. Yr. Position Held	Mo. Y
ddress ity		State	Zip			rosition Held	
ontact Person		State	Phone Number			Reason for lea	ıving
							y
	ct to the FMCRs† w		☐ Yes ☐ No				
	•	y sensitive function in		•	the drug and		
cohol testing re	equirement of 49 C	R PART 40?	☐ Yes ☐ No	)			

Date \_\_\_\_\_

Name         FROM Mo. Yr. Mo. Mo. Yr. Mo. 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         No         No         No         Yr. Mo. Yr. Mo			
City State Zip  Contact Person Phone Number Reason for leaving  Were you subject to the FMCRs <sup>†</sup> while employed?			
Contact Person  Phone Number  Reason for leaving  Were you subject to the FMCRs¹ while employed?	г <u>.</u>		
Were you subject to the FMCRs† while employed?	[		
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?	r		
Address  City  State  Contact Person  Were you subject to the FMCRs† while employed?  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?  EMPLOYER  DATE  PROM  FROM  MO. Yr.  Mo. Yr.  Mo. Yr.  Mo. Yr.  No  Reason for leaving  Were you subject to the FMCRs† 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	г <u>.                                    </u>		
EMPLOYER  Name  FROM TO Mo. Yr. Mo. Yr.  Address  City State Zip  Contact Person  Phone Number  Reason for leaving  Were you subject to the FMCRs† while employed?	ſ		
Name  Address  City State Zip  Contact Person Phone Number Reason for leaving  Were you subject to the FMCRs† while employed? 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?  Mo. Yr. Mo. Yr.  No  Position Held  Reason for leaving  Were you subject to the FMCRs† while employed?  Yes No  EMPLOYER DATE	r		
Address  City State Zip  Contact Person Phone Number Reason for leaving  Were you subject to the FMCRs† while employed?	r		
City State Zip  Contact Person Phone Number Reason for leaving  Were you subject to the FMCRs <sup>†</sup> while employed?			
Contact Person Phone Number Reason for leaving  Were you subject to the FMCRs <sup>†</sup> while employed?			
Were you subject to the FMCRs <sup>†</sup> while employed?			
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			
alcohol testing requirement of 49 CFR PART 40?			
EMPLOYER DATE			
FROM L TO			
Name FROM TO			
Mo. Yr. Mo. Yr.	r.		
Address Position Held			
City State Zip			
Contact Person Phone Number 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 Number 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.	r		
Address Position Held			
City State Zip			
Contact Person Phone Number 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			

<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 RECORD - For pas		Nature of Ac		led). If none, write i			Hazardous		
Date	(He	ead-on, rear-end, s	ide swipe, etc)	Fatali	ties	Injuri	es	Material Sp	oill
								] Yes □	No
								Yes 🗆	No
									No
TRAFFIC CONVIC	TIONS & F	ORFEITURES -	For past 3 years (ot	her than park	ing viola	ations). I	f none, write	NONE.	
Date		Locatio	n		Charge			Penalty	
LICENSING - List al	Il driver lice	neae or narmite ha	ld in the <b>nast 3 years</b>						
			-			т,	/no	Evnirot	ion Data
Driver Licenses			License No.		Туре		/pe	Expiration [	
A. Have you ever bee	en denied a	license, permit or	privilege to operate a	motor vehicl	e?		Yes □ I	No	
B. Has any license, p	ermit, or pr	ivilege ever been s	uspended or revoked	?			Yes □ I	No	
If the answer to either	A or B is Y	ES, please give de	etails						
DRIVING EXPERIE	NCE - Ple	ase indicate wheth	er or not vou have ha	ıd anv experi	ence dri	vina the	following vel	nicles.	
Class of Equip		Experience	Type of Equipment (Circle) From (I			To (M/Y)			
Straight Truck		☐ Yes ☐ No	Van, Tank, Flat, Du			(, . )		7.66.62	
Tractor & Semi-Trail	er	☐ Yes ☐ No	Van, Tank, Flat, Du	ımp, Refer					
Tractor – Two Traile	rs	☐ Yes ☐ No	Van, Tank, Flat, Du	ımp, Refer					
Tractor – Three Trai	lers	☐ Yes ☐ No	Van, Tank, Flat, Du	ımp, Refer					
Motor Coach – Scho (More than 8 passenge	ers)	□ Yes □ No	N/A						
Motor Coach – Scho (More than 15 passeng		☐ Yes ☐ No	N/A						
Other									
List states in which the EXPERIENCE AND List any trucking, trans	QUALIFI	CATIONS			s compa	ny:			
List courses and train	ing other th	an shown elsewhe	re in this application:						
List special equipmen	t or technic	al materials you ca	n work with (other tha	an those alrea	ady shov	wn):			
EDUCATION Circle highest grade	e complete	ed: 1 2 3 4 5 6	78 High	School: 1	2 3 4		College:	1 2 3 4 5	<u> </u>
Last school attende	d: Name _					City	State		
TO BE READ AND This certifies that th information in it are	is applicat	ion was complete			n it and		Submit a cu (H-6) printou		
Applicant Signature						Date	e		