

STORER TRANSPORTATION SCHOOL AND CONTRACT 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):

- | | |
|--|----------------|
| <input type="checkbox"/> 1909 S. Argonaut Street, Stockton, CA 95206 | (209) 644-5100 |
| <input type="checkbox"/> 919 East Ave, P-8, Palmdale, CA 93550 | (661) 229-4065 |
| <input type="checkbox"/> 26501 Ruether Ave, Santa Clarita, CA 91350 | (661) 294-5391 |
| <input type="checkbox"/> 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, 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, class or status.

APPLICANT INFORMATION

(Answer all questions – please print)

Name _____ Date _____
Last First Middle

Phone Number (____) _____ Email Address _____

The Federal motor Carrier Safety Regulations (49CFR 391.21 (b) (2) requires that driver applicants provide their date of birth and SS#.

Date of Birth _____ Social Security No. _____
(Required for Commercial Drivers) (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 _____ Length _____
Street Yr / Mo

Address _____ Length _____
City / State / Zip Code Yr / Mo

Previous _____ Length _____
Addresses Street City State/Zip Yr / Mo

_____ Length _____
Street City State/Zip 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 _____

Reason for leaving? _____

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

Who referred you? _____

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 non-commercially licensed driver applicants must provide a work history **for the past 3 years.**
- All commercially licensed driver applicants must provide an **additional 7-years** work history on all employers for whom the applicant operated a commercial motor 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		
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				

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 ☐ NoB. 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 _____



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Modesto, CA 95358

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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: _____
JOB OFFERED: YES NO

QUERY REVIEWED: _____



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.

DUE PROCESS RIGHTS

- A) Drivers 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 (5) five business days 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

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.

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 office(s), 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.

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 Employee: Who? _____
- _____ Other: _____

Thanks again for your assistance!

Applicant's 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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**CONSENT TO PRE-EMPLOYMENT “RIDE-ALONG”
AND WAIVER OF COMPENSATION / WORKER’S
COMPENSATION INSURANCE COVERAGE**

I, _____, hereby certify that I am an applicant for: STORER TRANSIT SYSTEMS and/or STORER TRANSPORTATION SCHOOL & CONTRACT SERVICE, hereinafter referred to as “THE COMPANY”. I desire to voluntarily participate in the “RIDE-ALONG” 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 the company, nor will I be covered by any worker’s compensation insurance in the event that I am injured. Expressly understanding and foregoing, I hereby waive any and all rights that 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 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 the company and I will be considered an applicant of the company, regardless of whether I participate in this program.

Finally, I understand that if I am hired by the company 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 later made, shall not be valid unless it is in writing and signed by the President of the company.

Applicant’s Name: _____

Signature: _____

Dated: _____

