

DRIVER APPLICATION FOR EMPLOYMENT

Applicant Name _____ Date of Application _____

I am applying for the following position:

Rio Vista Delta Breeze Driver Storer Transportation 1909 S. Argonaut St, Stockton, CA 95206
Contact: Tracy (209) 758-7916

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

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 _____