

# DRIVER'S APPLICATION FOR EMPLOYMENT

(Attach copy of current DMV printout. Answer all questions – Please print)

## Prime America Freight Systems, Inc

923 South Azusa Ave

City of Industry, CA 91748

Phone # (626) 839-6600 Fax (626) 839-6400

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job related disability.

Date of Application \_\_\_\_\_

Positions(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current address \_\_\_\_\_  
Street City  
State Zip Code Phone

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State & Zip Code

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

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, explain if you wish \_\_\_\_\_

**APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS**

## EMPLOYMENT HISTORY FOR PAST 10 YEARS

*Provide Complete Address and Phone Numbers*

All driver applicants to drive in 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.

(NOTE: List employers in reverse order starting with the most recent. **Add additional sheets as necessary.**)

**Leave NO BLANKS or gaps in time for the past 10-year period. Application is incomplete without all information.**

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		States you Drove In:
Supervisor:		Positions Held:                      Compensation/Pay:
Full or Part time ( <i>Circle</i> )    Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		States you Drove In:
Supervisor:		Positions Held:                      Compensation/Pay:
Full or Part time ( <i>Circle</i> )    Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		States you Drove In:
Supervisor:		Positions Held:                      Compensation/Pay:
Full or Part time ( <i>Circle</i> )    Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		States you Drove In:
Supervisor:		Positions Held:                      Compensation/Pay:
Full or Part time ( <i>Circle</i> )    Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: (      )		States you Drove In:
Supervisor:		Positions Held:                      Compensation/Pay:
Full or Part time ( <i>Circle</i> )    Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

(NAME)

(CITY)

### EXPERIENCE AND QUALIFICATIONS – DRIVER

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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

### GENERAL

Have you ever convicted of a felony \_\_\_\_\_

If yes, Please explain fully on a separate sheet of paper. Convictions of a crime is not an automatic bar to employment – all Circumstances will be considered.

Have you ever worked for this company under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY

LIST COURSES TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**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.

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 in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, 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) my result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

**PROCESS RECORD**

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_  
DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_  
TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# EMPLOYEE STATEMENT OF PREVIOUS PRE-EMPLOYMENT DRUG AND ALCOHOL TEST

As the employer, you must also ask the employee whether he or she has tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. (Sec. 40.25 (j)).

If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5)).

Prospective Employee Name: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_  
(please print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements:

Check One:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

## CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirement in part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from state of residence and return the additional license to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by the state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15 (b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify you employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued you license (If the violation occurs in a state other that the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver License No \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

# PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

## TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: \_\_\_\_\_  
Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
I here by authorize the Previous Employer noted below to release and forward information requested concerning safety performance history to my Prospective Employer .  
Prospective Employees Signature: \_\_\_\_\_

## PREVIOUS EMPLOYER INFORMATION

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## PROSPECTIVE EMPLOYER INFORMATION

Company Name: Prime America Freight Systems, Inc. THIS FORM WAS (check appropriate box) Date  
Attention: Astrid Brumbach  Mailed \_\_\_\_\_  
Address: 101 E Redlands Blvd Sutie 296  Faxed \_\_\_\_\_  
City, State, Zip: Redlands, CA 92373  Emailed \_\_\_\_\_  
Phone Number: (909) 792-7811  Relayed by Phone \_\_\_\_\_  
Fax Number: (909) 792-7899 Name of Person Contacted: \_\_\_\_\_

## TO BE COMPLETED BY THE PREVIOUS EMPLOYER SAFTETY PERFORMANCE HISTORY

There is no safety performance history to report  
 DOT Regulated Driver  Non-DOT Regulated Driver Eligible for Re-Hire  Yes  No  
Driver Operated a (please check box) Reason for Leaving Employment (please check box)  
 Straight Truck  Cargo Tank  Discharged  Military Duty  
 Tractor-Semitrailer  Doubles/Triples  Resignation  Other (Specify) \_\_\_\_\_  
 Bus  Other (Specify) \_\_\_\_\_  Lay off

**ACCIDENTS:** Complete the following for any accidents included on your accident registration (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## DRUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated Driver was checked off on the Safety Performance History section)

This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is check skip the section below )

Under Department of Transportation testing requirements for the past 3 years:

	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of subpart B of Part 382, or Part 40.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes please attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or grater, a verified positive drug test, or refused to be tested.	<input type="checkbox"/>	<input type="checkbox"/>

In providing thin information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations in included.

Any other remarks: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to a request for Previous Employee Safety Performance History, Dated \_\_\_\_\_, this response is being provided to the Prospective Employer noted above in compliance with the Department of Transportation regulations, §40.321(b)