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Job Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Were you referred by someone?: \_\_\_\_\_ Who: \_\_\_\_\_

**Personal Information** Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Mobile: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

How long have you been at this address: \_\_\_\_\_

If under 3 years, what was your previous address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # : \_\_\_\_\_

Looking for part time: \_\_\_\_\_ Full time: \_\_\_\_\_

Date available to start: \_\_\_\_\_

**DRIVER EXPERIENCE AND QUALIFICATIONS:**

Driver license # : \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Please check mark the ones that apply:** Endorsements: Doubles: \_\_\_\_\_ Haz Mat: \_\_\_\_\_

Equipment: Tractor/Semi: \_\_\_\_\_ Tractor/Doubles: \_\_\_\_\_ Straight Truck: \_\_\_\_\_ Flats/Doubles: \_\_\_\_\_

Vans: \_\_\_\_\_ Tanks: \_\_\_\_\_ **What kind of tie down equipment do you have experience with:**

Straps: \_\_\_\_\_ Chains/Bindings: \_\_\_\_\_ Ropes: \_\_\_\_\_ Cables: \_\_\_\_\_ **Do you have experience hauling the following products:**

Lumber/Pallets: \_\_\_\_\_ Hay: \_\_\_\_\_ Fruit Bins: \_\_\_\_\_ Grape Tanks: \_\_\_\_\_

Have you ever been denied a license to operate a motor vehicle? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, why? :

Have you ever tested positive on a DOT drug screen? :

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when and with what company: \_\_\_\_\_

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**PREVIOUS EMPLOYMENT HISTORY:**

1. Date of employment – From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_ Start Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: Seasonal: \_\_\_\_\_ Laid off: \_\_\_\_\_ Let go: \_\_\_\_\_ Other: \_\_\_\_\_

Class A CDL Needed for Job Y: \_\_\_\_\_ N: \_\_\_\_\_

2. Date of employment – From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_ Start Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: Seasonal: \_\_\_\_\_ Laid off: \_\_\_\_\_ Let go: \_\_\_\_\_ Other: \_\_\_\_\_

Class A CDL Needed For Job Y: \_\_\_\_\_ N: \_\_\_\_\_

3. Date of employment – From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Company \_\_\_\_\_ Address: \_\_\_\_\_ Start Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for leaving: Seasonal: \_\_\_\_\_ Laid Off: \_\_\_\_\_ Let go: \_\_\_\_\_ Other: \_\_\_\_\_

Class A CDL Needed for Job Y: \_\_\_\_\_ N: \_\_\_\_\_

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial drivers license to answer the following questions:

1) Within the last two years, have you ever 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?

\_\_\_\_\_yes\_\_\_\_\_no

2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you preformed safety-sensitive transportation work?\_\_\_\_\_yes\_\_\_\_\_no

3) If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?\_\_\_\_\_yes\_\_\_\_\_no

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

