

# Truck Driver Application for Employment



Platinum Enterprises  
8606 Victoria Avenue  
Riverside, CA 92504

Phone: 951-684-3444  
Fax: 951-684-3443

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". T-SHIRT SIZE: \_\_\_\_\_

Date of Application MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CDL Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Medical Exam: Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List current address and all addresses at which you have resided during the past 10 years:

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Truck Driving Position Applying for: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you worked for Platinum Enterprises before? \_\_\_\_\_ What Position? \_\_\_\_\_

If Yes, please provide the dates of previous employment: From \_\_\_\_\_ to \_\_\_\_\_

### Education

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

College/Trade School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Graduated? YES NO

Driving School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Completion Date \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ if yes, please explain. \_\_\_\_\_

Have you ever been convicted of/or have a pending DWI/DUI? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you authorized to work in the United States? \_\_\_\_\_

## Employment Record

Please start with the most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

.....

Employer \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

**Employment Record Continued**

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO  
.....

**Employment Record Continued**

Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....  
Employer \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Equipment Operated: \_\_\_\_\_ Materials Hauled: \_\_\_\_\_

Position Held \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO  
.....

## Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State	License Number	Type	Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_ No \_\_\_\_
2. Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_ No \_\_\_\_

If you answered "Yes" to any of the above, please give details. \_\_\_\_\_

List each type of commercial motor vehicle you have operated and for how long.

Class of Equipment	Types of Equip. (Van, Flatbed, Tanker, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor 2- Trailers				
Other				

List states operated in during the last 5 years \_\_\_\_\_

List special courses or training completed: \_\_\_\_\_

List safe driving awards and who presented the awards \_\_\_\_\_

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

Dates of Accident and Type of Vehicle	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Location of Accident	# of Fatalities	# of Injuries

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

Location	Date	Charge	Penalty

**ACKNOWLEDGEMENT OF NOTICE OF  
PLATINUM ENTERPRISES  
DRUG ABUSE POLICY AND PROCEDURES  
AND  
CONSENT TO PRE-EMPLOYMENT DRUG TESTING**

I, \_\_\_\_\_, acknowledge receiving written notice of the existence of the Platinum Enterprises, Inc. Drug Abuse Policy (the "Policy").

As a condition of continued employment or service to the Company, I understand and agree that I must not use, buy sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job.

I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of the Company, I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion, following a reportable accident or an on-the-job accident, when returning from a leave of absence, and on a random basis.

I further understand and agree if I become an employee of the Company, and in the event that any test result is Positive, I will have an opportunity to discuss with the Company's Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all maters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will result in discipline up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or Company representative, and the information necessary to comply with this Policy.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ WITNESS \_\_\_\_\_

## Driver Applicant Pre-Employment Alcohol and Controlled Substances Statement

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Applicant Name \_\_\_\_\_

Social Security # \_\_\_\_\_

During the past three (3) years, have you, the applicant, 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?

YES \_\_\_\_\_ NO \_\_\_\_\_

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

In addition, if the answer to the above question was "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Name of SAP

\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of Applicant/Driver \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

## Part I: Release of Information Form – 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Applicant Name) (Applicant Signature Required)

Social Security No: \_\_\_\_\_ Date: \_\_\_\_\_

Carrier/Company Requesting Information:

Platinum Enterprises  
 8606 Victoria Ave.  
 Riverside, CA 92504

## Part II: Consumer Report Disclosure and Release

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Platinum Enterprises, Riverside, CA. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PLATINUM ENTERPRISES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request from Platinum Enterprises upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Platinum Enterprises has previously furnished within the three year period preceding my request. I hereby consent to obtaining the above information from Platinum Enterprises, and I agree that such information which Platinum Enterprises has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by Platinum Enterprises to other companies which request it.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Applicant's Name (printed) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date: \_\_\_\_\_