

COMMERCIAL DRIVER APPLICATION

Company _____
Address _____
City _____ State _____ Zip _____

APPLICANT INFORMATION

DATE _____ Position applying for: Contractor Driver Contractor's Driver
NAME _____
PHONE () _____ EMERGENCY PHONE () _____
AGE _____ DATE OF BIRTH _____ SS# _____

(The Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____	FROM	TO
_____	FROM	TO
_____	FROM	TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No
If yes, give dates: From _____ To _____
Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr Mo/Yr Present or Last Employer
From _____ To _____ Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No

Mo/Yr From _____ To _____ Present or Last Employer Name _____

Position Held _____ Address _____

Reason for leaving _____ Company phone () _____

Were you subject to the FMCSRs while employed here? _____ Yes _____ No
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____ Yes _____ No
(Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three(3) years:

State	License	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

J Delgadillo Trucking Inc

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____, Hereby provide consent to _____ to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug and alcohol violation information about me exist in the Clearinghouse. I consent to multiple limited queries for the duration of my employment.

I understand that if the limited query conducted by _____ indicates that drug or alcohol violation information about me exists in the clearinghouse, FMCSA will not disclose that information to without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for _____ to conduct a limited query of the clearinghouse, _____ shall prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is required by section 382.701 of Title 49, Code of Federal Regulations.

Employee Signature

Date

Hiring Checklist

EMPLOYEE NAME: _____ Hire Date: _____

Date
Completed

	<u>Application</u> Includes previous ten (10) years of employment as a commercial motor vehicle driver, certified by the applicant as being true and complete. (15230 CVC, & 391.21(a) & 391.51(b)(1) 49 CFR) <i>If employed as a USDOT qualified driver, retain record in Driver Qualification file.</i>
	<u>DMV Printout</u> Current within thirty (30) days of hire date, reviewed, signed, and dated by employer. Retain record. (1808.1(a) CVC & 391.21(b)(7 & 8) 49 CFR)
	<u>Previous Employer Inquiry(ies)</u> Driver signs consent for previous employer to release confidential controlled substance and alcohol testing information. Employer must inquire of previous employers: 2 years for California INTRASTATE, 3 years for INTERSTATE drivers. Retain record in confidential file. (34520 CVC & 382.413 49 CFR)
	<u>Drug and Alcohol Policy/Educational Materials</u> Provide new driver with a copy of your policy and educational materials. Obtain a signed receipt for material provided and retain on file. (34520 CVC & 382.601 49 CFR)
	<u>Pre-Employment Controlled Substance Test</u> <i>Negative/clear results must be obtained from MRO prior to allowing driver to operate vehicles.</i> Retain record in confidential file. (34520 CVC & 382.301 49 CFR)
	<u>Enroll Driver in Random Testing Program</u> Immediately enroll driver in a random testing program. (34520 CVC & 382.305 49 CFR)
	<u>Record of Driver's Proficiency</u> Have driver demonstrate ability to safely operate vehicles, vehicle combinations, and accessories. Retain record on file. (1229 & 1234(b) 13 CCR, & 391.31 & 391.51(b)(3) 49 CFR)
	<u>Driver may begin to operate vehicles at this point.</u>
	<u>Enroll Driver in DMV's Employer Pull-Notice Program</u> Immediately enroll driver. Contact DMV Pull-Notice Unit at (916) 657-6346 or on the internet at www.dmv.ca.gov . Upon receiving notice, review, sign, and date. Retain most current notice on file. (1808.1(b) CVC & 391.25(a) 49 CFR)

Driver Proficiency and Authorized Vehicles Proficiencia del Chofer y Vehiculos Autorizados

**has demonstrated to me
ha demostrado a me**

(Driver's Name) (Nombre del Chofer)

(Name and Title) (Nombre y Titulo)

**that he/she can safely operate the below named vehicles and equipment:
que el/ella puede operar seguramente los vehiculos y equipo mencionado abajo:**

- | | |
|---|---|
| <input type="checkbox"/> Truck under 10,000 lbs. GVWR
Troque menos que 10,000 libras | <input type="checkbox"/> Semi trailer (dry van)
Semi traila (caja seca) |
| <input type="checkbox"/> Truck 10,001 to 26,00 lbs.GVWR
Troque 10,001 a 26,000 libras | <input type="checkbox"/> Semi trailer (flatbed)
Semi traila (plataforma) |
| <input type="checkbox"/> Truck 26,001 lbs. or more GVWR
Troque 26,001 libras o mas | <input type="checkbox"/> Semi trailer (refrigerated)
Semi traila (refrigerada) |
| <input type="checkbox"/> Truck with 3 axles
Troque de 3 ejes | <input type="checkbox"/> With dump body
Con caja de volteo |
| <input type="checkbox"/> Tractor, 2 axle cabover
Tractocamion, de 2 ejes, chato | <input type="checkbox"/> Full pull trailer
Remolque |
| <input type="checkbox"/> Tractor, 2 axle conventional
Tractocamion de 2 ejes, convencional | <input type="checkbox"/> Doubles/Triples
Dobles/Triples |
| <input type="checkbox"/> Tractor, 3 axle cabover
Tractocamion de 3 ejes, chato | <input type="checkbox"/> End dump trailer
Traila con caja de volteo |
| <input type="checkbox"/> Tractor, 3 axle conventional
Tractocamion de 3 ejes, convencional | <input type="checkbox"/> Bottom dump trailer
Traila de descarga debajo |
| <input type="checkbox"/> Bus with hydraulic brakes, _____ passengers
Autobus con frenos hidraulicos, _____ pasajeros | <input type="checkbox"/> Wheelchair lift
Levantador de sillas de ruedas |
| <input type="checkbox"/> Bus with air brakes, _____ passengers
Autobus con frenos de aire, _____ pasajeros | <input type="checkbox"/> Haz. Mat. endorsement
Endoso de materiales peligrosos |
| <input type="checkbox"/> Manual shift transmission _____ speeds
Transmision manual _____ velocidades | <input type="checkbox"/> Doubles/Triples endorsement
Endoso de dobles/triples |
| <input type="checkbox"/> Automatic shift transmission
Transmision automatica | <input type="checkbox"/> Tank vehicle endorsement
Endoso de tanques |
| <input type="checkbox"/> 2 speed differential
Diferencial de 2 velocidades | <input type="checkbox"/> Passenger endorsement
Endoso de pasajeros |
| <input type="checkbox"/> Other special equipment (specify): _____
Otro equipo especial (especificarse): _____ | |

The J Delgadillo Trucking Inc

Policy and Procedure Acknowledgement

All drivers, prior to driving for pay with J Delgadillo Trucking Inc, shall receive, read, understand and agree to abide by the policies and procedures explained in the forms and documents listed below:

- Application-Completely and legibly filled out. Return drivers must complete an application each season.
- Drivers Employment Agreement- Signed with agreed upon ending date specified. (Valid when signed by both parties)
- Clearinghouse Consent
- Drug and Alcohol Testing Results Release Form- For authorizing previous employers and J Delgadillo Trucking Inc to release drug and alcohol information to prospective employers who are engaged in required background checks.
- Drug and Alcohol Testing Procedures- Referencing the rules governing the applicability and application of federally mandated drug and alcohol testing for commercial drivers.
- Drug Testing Information Addendum
- Statement and Policy Regarding Intoxication Substances
- Unlawful Harassment Policy
- Policy Adherence Guidelines- Clarifying J Delgadillo Trucking Inc response to specified infractions.
- Arbitration Agreement- Outlining process for resolution of disputes of specified type.
- Employment of Family Relatives
- Authorization for Release of Driver Records Information Pull Notice Program
- Colleagues Procedure for Reporting Accidents
- Reporting Motor Vehicle Accidents and Tickets
- Procedure in the event of a Vehicle Accident
- Mutual Agreement to Arbitration Claims
- Safety Policy Statement
- Code of Safe Practices
- GMP's Info
- Lock Out Procedure
- Authorization to Publish Telephone Number
- Authorization for Text Messaging
- Cellphone and Radio Policy
- Company Vehicle & Fuel Card Policy
- PPE Agreement
- Optional Payment for Unused Sick Time
- Disclaimer and Release of Liability
- Meal & Rest Period Policy
- Notice Pursuant to the California Privacy Act (CCPA)
- Driver Safety Report (DSR)
- Colleagues Guidelines

- "The Path"-Read thoroughly with full understanding. (New drivers only)
- "Operating a Class A Vehicle"- Read thoroughly with complete understanding.
(New drivers only)
- Questions from "The Path" and "Operating a Class A Vehicle" - Answered after reading the pamphlets. (New drivers only)

By signing below, I certify the following:

I have received, read, understand and agree to abide by all policies and procedures of J Delgadillo Trucking Inc as explained in the above listed documents. I have asked questions to clarify my understanding for all policies and procedures when necessary. I understand that adherence to policies and procedures is necessary as a condition of my continued employment with **J. Delgadillo Trucking Inc"**

Signature

Date

Print Name

