

**To all applicants:**

**Please read instructions for application thoroughly and properly fill out the areas that pertain to you.**

- **You must account for any gaps in employment (you may use a separate piece of paper).**
- **You must sign and date in all areas requesting signature.**
- **Previous Employment Form 40.25 must be signed and dated only.**
- **Pre-Employment Drug Screen Form must be signed and dated.**
- **Upon return you must provide**
  - 1. DMV Printout**
  - 2. Copy of Drivers License**

**Once you have fully completed the application you may return it to our dispatch office.**

**Thank You!**

## **Truck Driver Jobs at E & B Bulk Transportation, Inc.**

Thank you for your interest in E & B Bulk Transportation, Inc. We are privately owned growing Transportation Company based in California, also apportioned in 11 western states.

Do you meet the following requirements?

- \* Class A CDL
- \* 1-year continuous current driving history
- \* Verifiable Previous 3-years Driving Employment History
- \* Good MVR
- \* Meet all DOT Qualifications
- \* Meet all insurance carrier requirements and qualifications

### **JOB DESCRIPTION FOR TRUCK DRIVERS**

**1. Essential Job Functions:** To operate commercial motor vehicle safely to transport freight in inters or intra state commerce between terminals or from home terminal to distant point(s) and return. Must also have a good ability to follow verbal and written directions.

#### **2. Duties:**

- \* Inspect vehicle and required parts and accessories to determine safe operating condition prior to departure **daily**. Adjust breaks as required.
  - \***Transfer** drivers must also be able to lift the tongue to connect trailers.
  - \***Flatbed** drivers are required to tarp, tie down, and adjust axle weight as needed
- \* Check shipping papers to determine nature of load and any special hazards, and check load itself and methods of securing it as needed
- \* *Operate vehicle in compliance with company rules and all applicable state and federal regulations, and in accordance with accepted principles of safe driving*
- \* Deliver freight to consignees & Pick up freight as required
- \* Collect freight charges as instructed
- \* Perform other related work as required

\* Out of state drivers maybe be out 2-4 weeks at a time, and must be able to add or remove snow chains as required.

### **3. Miscellaneous Responsibilities:**

\* Report all accidents, incidents of equipment damage involving driver or company equipment

\* Maintain trip records

*\* Maintain for compliance with state and federal regulations including driver's logs, records of fuel purchases, mileage records, etc.*

\* Proper use and care of all equipment assigned to him/her for the performance of his/her duties.

\* Reports promptly any delays that will affect pick up or delivery appointments.

### **4. Physical Requirements**

\* 49 CFR 391.41 (as Applicable)

\* Driver must be able to sit for extended periods of time in a truck tractor.

\* Driver must be able to walk, bend, reach, push, pull, stoop, squat, and climb, as necessary, to perform vehicle inspections.

\* Driver must be able to lift, pull, push, or crank up to 70 lbs

\* Driver must be able to pull his/herself up into truck numerous times daily.

## § 391.41: Physical qualifications for drivers.

(a)(1)(i) A person subject to this part must not operate a commercial motor vehicle unless he or she is medically certified as physically qualified to do so, and, except as provided in paragraph (a)(2) of this section, when on-duty has on his or her person the original, or a copy, of a current medical examiner's certificate that he or she is physically qualified to drive a commercial motor vehicle. NOTE: Effective December 29, 1991, the FMCSA Administrator determined that the new Licencia Federal de Conductor issued by the United Mexican States is recognized as proof of medical fitness to drive a CMV. The United States and Canada entered into a Reciprocity Agreement, effective March 30, 1999, recognizing that a Canadian commercial driver's license is proof of medical fitness to drive a CMV. Therefore, Canadian and Mexican CMV drivers are not required to have in their possession a medical examiner's certificate if the driver has been issued, and possesses, a valid commercial driver license issued by the United Mexican States, or a Canadian Province or Territory and whose license and medical status, including any waiver or exemption, can be electronically verified. Drivers from any of the countries who have received a medical authorization that deviates from the mutually accepted compatible medical standards of the resident country are not qualified to drive a CMV in the other countries. For example, Canadian drivers who do not meet the medical fitness provisions of the Canadian National Safety Code for Motor Carriers, but are issued a waiver by one of the Canadian Provinces or Territories, are not qualified to drive a CMV in the United States. In addition, U.S. drivers who received a medical variance from FMCSA are not qualified to drive a CMV in Canada.

(ii) A person who qualifies for the medical examiner's certificate by virtue of having obtained a medical variance from FMCSA, in the form of an exemption letter or a skill performance evaluation certificate, must have on his or her person a copy of the variance documentation when on-duty.

(2) **CDL/CLP exception.** (i) Beginning January 30, 2015, a driver required to have a commercial driver's license under part 383 of this chapter, and who submitted a current medical examiner's certificate to the State in accordance with § 383.71(h) of this chapter documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at § 391.43(h), or a copy for more than 15 days after the date it was issued as valid proof of medical certification.

(ii) Beginning July 8, 2015, a driver required to have a commercial learner's permit under part 383 of this chapter, and who submitted a current medical examiner's certificate to the State in accordance with § 383.71(h) of this chapter documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at § 391.43(h), or a copy for more than 15 days after the date it was issued as valid proof of medical certification.

(iii) A CDL or CLP holder required by § 383.71(h) of this chapter to obtain a medical examiner's certificate, who obtained such by virtue of having obtained a medical variance

from FMCSA, must continue to have in his or her possession the original or copy of that medical variance documentation at all times when on-duty.

(3) A person is physically qualified to drive a commercial motor vehicle if:

(i) That person meets the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirements in § 391.43; or

(ii) That person obtained from FMCSA a medical variance from the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirement in § 391.43.

(b) A person is physically qualified to drive a commercial motor vehicle if that person—

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a skill performance evaluation certificate pursuant to § 391.49;

(2) Has no impairment of:

(i) A hand or finger which interferes with prehension or power grasping; or

(ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a skill performance evaluation certificate pursuant to § 391.49.

(3) Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control;

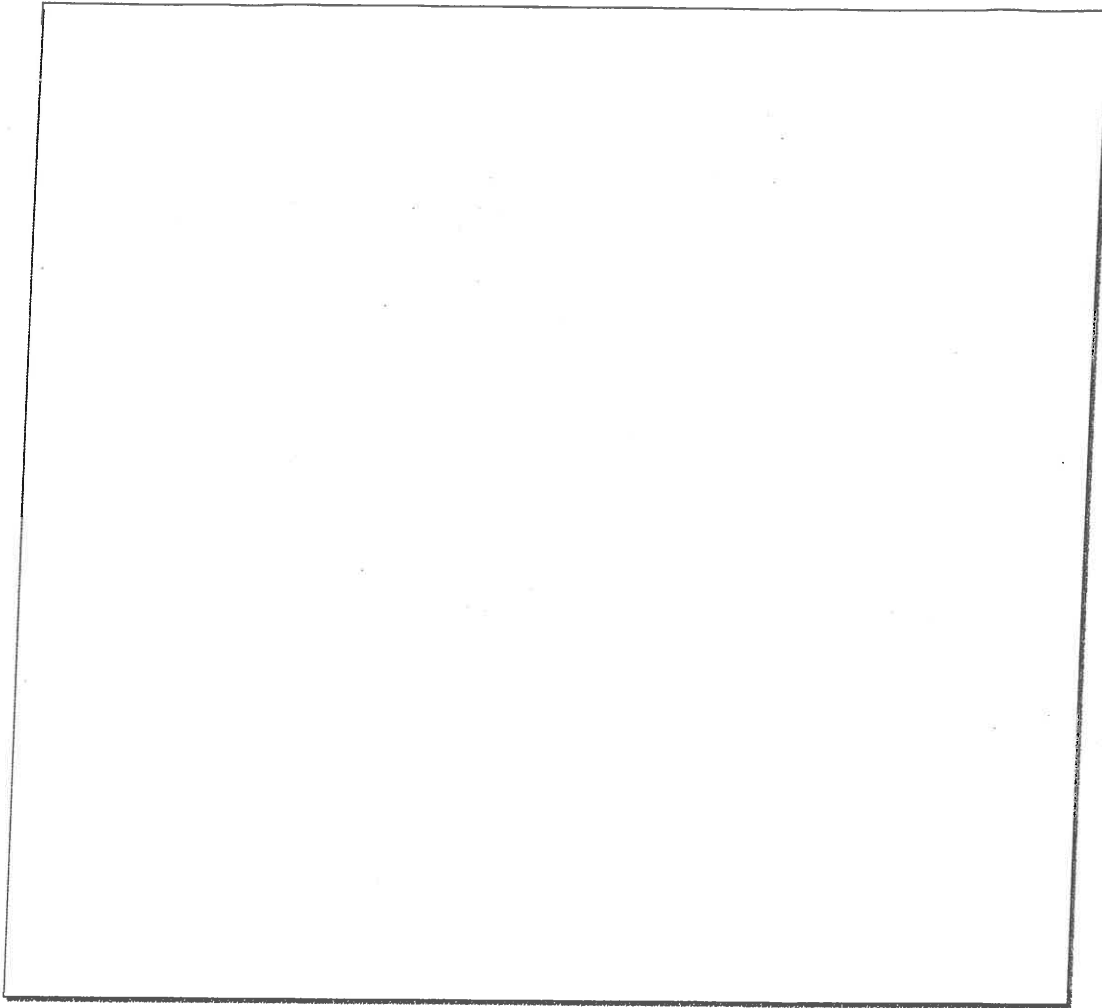
(4) Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

(5) Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely;

(6) Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;

(7) Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and operate a commercial motor vehicle safely;

- (8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
- (9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to drive a commercial motor vehicle safely;
- (10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
- (11) First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5—1951.
- (12)(i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or other habit-forming drug.
- (ii) Does not use any non-Schedule I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with the driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
- (13) Has no current clinical diagnosis of alcoholism.



### **The Truck Insurance Group's Driver Qualification Standards**

#### **Minimum Age**

At a minimum, The Truck Insurance Group asks that all drivers be 23 years of age. Ideally, drivers should be at least 25 years of age.

#### **Minimum Experience**

Drivers should have at least 2 years of verifiable commercial driving experience in equipment similar to that which he/she will be operating. This experience should be immediately prior to employment. *Exception:* If an applicant has at least 5 years verifiable experience, the 12 months prior to employment may include non-driving employment.

#### **Work History**

Applicants whose history shows steady employment make more stable, dependable and safe drivers. For this reason, we recommend that you avoid hiring anyone who has had more than 2 jobs in the last year and more than 6 jobs in the last 3 years.

**MVR requirements**

A driver's MVR is an important snapshot of his driving history and should be reviewed carefully. Each driver's MVR should be reviewed on an annual basis to assure driver's stay within The Truck Insurance Group's guidelines for acceptable moving violations, accidents and non-moving violations within the last 36 month period. Drivers that are placed on probation, should have an MVR review on a quarterly basis. The MVR should also be used to verify information on, both the application and the Certificate of Violations, as well as the Annual Review of Driving Record.

The Truck Insurance Group guidelines to determine acceptability of a driver's MVR is derived using the following point value system. The maximum acceptable number of points may not exceed **(3)** within the last consecutive 36 month period.

Use the following Point Value System to determine each individual driver's total points. When two violations occur on the same date, use the higher point value.

- 1 point –            speeding < 15 MPH  
                          any other moving violation
  
- 2 points –            speeding >= 15 MPH  
                          Following too closely  
                          Improper lane change  
                          Accident

- ♦ **Non-Moving Violations** – non-moving violations such as equipment or seat belt violations, count (1) point for every (3) occurrences within the last consecutive 36 month period. Mechanical or non-moving violations are of major importance as an excessive number of these violations might indicate a driver's habitual disregard of traffic laws, safety regulations and the mechanical condition of his or her equipment.

**Any Driver** with a conviction within the last **5 years** for the following violation(s) in a Commercial Motor Vehicle or Private Passenger Vehicle **is not eligible to operate equipment which The Truck Insurance Group insures.**

- DUI or test refusal
- Reckless Driving
- Hit and run
- Leaving the scene of an accident
- Passing a school bus
- Racing



- Any other felony conviction that is relevant to the responsibilities of the position being offered.

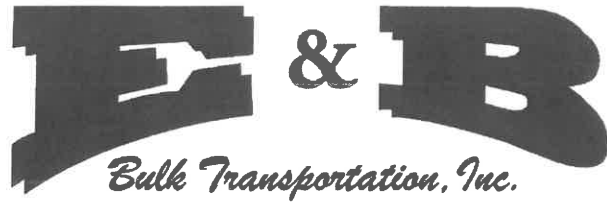
### **Road Tests**

The Truck Insurance Group recommends that all drivers, regardless of age, experience or record, be road tested in comparable equipment to that which they will be operating. This recommendation applies to owner/operators as well as drivers employed by owner/operators. The road test should require the driver to demonstrate all the skills necessary for safe operation of the vehicle and should be documented in the driver qualification file.

### **Other Resources**

Other resources are available from several sources, which can aid in the selection process. Personality tests, aptitude tests, criminal background checks and credit checks are also effective tools, which can assist you in the selection process.

**Note:** You should make certain that all your hiring policies and procedures fall within the guidelines of state laws, ADA, EEOC and other regulations. Before obtaining credit history or criminal background obtain a signed release form. Privacy laws apply in many states, which may prohibit these checks.



## Employee Work Days

Work days for employees driving Company Vehicles. Employees work days are as required, six (6) days a week Mon. - Sat. Saturdays are Not optional. During the busy harvest season some employees are required to work a seventh (7) day Mon. – Sun. If and when the occasion arises and the employee is unable to work a specified day, he/she must maintain open communication at all times with dispatch/supervisor and refer to Sickness Notification and Time Off Reporting Procedures which is part of your hiring process paper work and also found in your **Employee Handbook**.

If the employee does not have the allowed hours left to coincide with DOT regulations, in order to carry out the work day for the seventh (7) day of work during the busy harvest season. The Company reserves its right to change that said, Employee's work days to allow availability on the weekends.

X

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Employees Signature and date

X

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Supervisors Signature and date



12447 12<sup>th</sup> Ave. Hanford, Ca. 93230  
Phone #559-582-9135 Fax #559-582-3423

**To: All Job Applicants**

**RE: Pre- Employment Notice**

As a condition of employment, all applicants will be required to submit to a drug screen process prior to employment. By signing below you are consenting to be drug screened in order to be considered as a candidate for employment with E&B Bulk Transportation, Inc.

\*All Drug Screen process take about two (2) days for results, once the employer has received test results; you will be notified of employment.

Thank you for your considering our company for employment.

**I have read the above statement and agree to these conditions of employment.**

**Print Name:** \_\_\_\_\_

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

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

# PREVIOUS PRE-EMPLOYMENT ALCOHOL AND CONTROLLED SUBSTANCES TESTING

\*\*\*\*\* To Be Completed By Prospective Employee \*\*\*\*\*

THE FOLLOWING REQUESTED INFORMATION IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATION, TITLE 49, PART 40.25(J).

PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY AND ANSWER THE QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FAILURE TO COMPLETE THIS QUESTIONNAIRE PRECLUDES ANY CHANCE OF EMPLOYMENT WITH THIS COMPANY

RELATIVE TO PRE-EMPLOYMENT SUBSTANCE ABUSE AND ALCOHOL MISUSE TESTING, AS A POTENTIAL EMPLOYEE APPLYING FOR A POSITION AS A COMMERCIAL MOTOR VEHICLE OPERATOR WITH ANY MOTOR CARRIER EMPLOYER, IN THE PAST TWO YEARS HAVE YOU:

- TEST POSITIVE FOR SUBSTANCE ABUSE?  NO  YES
- REFUSED A SUBSTANCE ABUSE TEST?  NO  YES
- TESTED POSITIVE FOR AN ALCOHOL MISUSE TEST?  NO  YES
- REFUSED AN ALCOHOL MISUSE TEST?  NO  YES

IF YOU HAVE ANSWERED "YES" TO ANY ONE OF THE ABOVE QUESTIONS YOU MUST PROVIDE THE FOLLOWING INFORMATION (FMCSR, PART 40, SUBPART O):

• YOUR SUBSTANCE ABUSE PROFESSIONAL (SAP):

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

- COPY OF YOUR SAP PROGRAM CERTIFYING COMPLETION OF ALL REQUIREMENTS; OR
- COPY OF YOUR SAP PROGRAM; AND
- COPY OF YOUR RETURN-TO-DUTY NEGATIVE TEST RESULT; AND
- COPY OF ALL YOUR FOLLOW-UP TESTS ADMINISTERED IN COMPLIANCE WITH YOUR SAP PROGRAM.

I CERTIFY THAT THE ABOVE INFORMATION PROVIDED BY ME IS TRUE AND CORRECT:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_  
(print)

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

Company E & B Bulk Transportation, Inc.

Address 12447 12th Avenue Phone: (559)582-9135

City Hanford State CA Zip 93230

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, veteran status, non-job related disability, or any other protected group status.

## 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 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, 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 in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## FOR COMPANY USE

### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

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

### TERMINATION OF EMPLOYMENT

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

This form is made available with the understanding that J. J. Keller & Associates, Inc.® is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc.® assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

## APPLICANT TO COMPLETE

(answer all questions - please print)

Position(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 \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous  
Addresses

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

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

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

Reason for leaving \_\_\_\_\_

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

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.

### EMPLOYMENT HISTORY

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 another sheet as necessary.)

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 FMCSRs <sup>†</sup> 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 REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**EMPLOYMENT HISTORY (continued)**

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 FMCSRs <sup>†</sup> 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 REQUIREMENTS 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	
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EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <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 FMCSRs <sup>†</sup> 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 REQUIREMENTS 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 designed 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 a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed 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 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	HAZARDOUS MATERIAL SPILL
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)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	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, GIVE DETAILS \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND 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)		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>	—		
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	—		
OTHER _____			

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

\_\_\_\_\_

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

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

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW 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

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.

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



# REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49, SECTIONS 40.25 AND 391.23

## SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATE: \_\_\_\_\_

RE: \_\_\_\_\_

SS#: \_\_\_\_\_

PERIOD OF EMPLOYMENT: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

I HEREBY AUTHORIZED YOU TO RELEASE/VERIFY ALL INFORMATION REGARDING MY IDENTIFICATION, EMPLOYMENT HISTORY, CHARACTER, CONDUCT, ALCOHOL AND CONTROLLED SUBSTANCES TESTING, AND ACCIDENT RECORD FOR THE PAST 3 YEARS TO:

PROSPECTIVE EMPLOYER: \_\_\_\_\_

ATTENTION: E & B BULK TRANSPORTATION

TELEPHONE: (559) 582-9135

STREET: 12447 12th Ave

FAX NO.: (559) 582-3423

CITY, STATE, ZIP: HANFORD, CA 93230

APPLICANT'S SIGNATURE

DATE

IN COMPLIANCE WITH FMCSR §40.25(G) AND §391.23(H), RELEASE OF THIS INFORMATION MUST BE MADE IN A WRITTEN FORM THAT ENSURES CONFIDENTIALITY, SUCH AS FAX, EMAIL, OR LETTER. UNDER FMCSR 391.23(G), YOU MUST RESPOND WITHIN 30 DAYS OF RECEIPT.

## SECTION 2: PREVIOUS EMPLOYER TO COMPLETE AS IT PERTAINS TO FMCSR SECTION 40.25 / 391.23

IF DRIVER/EMPLOYEE WAS NOT SUBJECT TO §382 TESTING REQUIREMENTS WHILE EMPLOYED BY THIS EMPLOYER, PLEASE CHECK HERE , SIGN AT THE BOTTOM AND SKIP TO THE NEXT SECTION (over).

HAS THIS PERSON VIOLATED ANY OF THE DRUG AND/OR ALCOHOL PROHIBITIONS UNDER FMCSR §40 OR §382 IN THE PAST THREE YEARS, INCLUDING:

- |  | YES                      | NO                       |                                 |
|--|--------------------------|--------------------------|---------------------------------|
| 1. A controlled substance test result of positive, adulterated, or substituted (FMCSR §382.215)  | <input type="checkbox"/> | <input type="checkbox"/> |                                 |
| 2. An alcohol test with a result of 0.04 or higher alcohol concentration (FMCSR §382.201)  | <input type="checkbox"/> | <input type="checkbox"/> |                                 |
| 3. A refusal to submit to a random, post-accident, reasonable suspicion, or follow-up controlled substance or alcohol test (FMCSR §382.211)  | <input type="checkbox"/> | <input type="checkbox"/> |                                 |
| 4. Has this person committed other violations if Subpart B of 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |                                 |
| 5. If this person violated a DOT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If rehabilitation was required but you do not know if he/she began or completed such program check here <input type="checkbox"/> . | <input type="checkbox"/> | <input type="checkbox"/> | N/A<br><input type="checkbox"/> |
| 6. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |

COMPLETED BY: \_\_\_\_\_

PRINT NAME

SIGNATURE

TITLE

(OVER)

**SECTION 3: PREVIOUS EMPLOYER TO COMPLETE AS IT PERTAINS TO FMCSR SECTION 391.23**

**APPLICANT'S ACCIDENT RECORD FOR THE PREVIOUS 3 YEARS**

DATE OF ACCIDENT	LOCATION CITY / STATE	NUMBER OF INJURIES	NUMBER OF FATALITIES	HAZARDOUS MATERIALS RELEASED (OTHER THAN FUEL FROM FUEL TANKS)
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 4: APPLICANT'S PERFORMANCE HISTORY**

	EXCELLENT	GOOD	FAIR	POOR
QUALITY OF WORK				
CO-OPERATION WITH OTHERS				
SAFETY HABITS				
DRIVING SKILLS				
ATTENDANCE RECORD				

Why did applicant leave? \_\_\_\_\_

Would you re-hire? \_\_\_\_\_

Did applicant have custody of money or valuables? \_\_\_\_\_

Was Driver's License ever suspended or revoked? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

PRINT NAME

SIGNATURE

TITLE

**SECTION 5: TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

THIS FORM WAS             MAILED             FAXED            DATE: \_\_\_\_\_

COMPLETE BELOW WHEN INFORMATION IS OBTAINED:

DATE: \_\_\_\_\_             MAIL             FAX             PHONE             INTERVIEW

RECEIVED BY: \_\_\_\_\_            FILE CLOSED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_