

Mark Manley Trucking, llc

P. O. Box 292785 Sacramento, CA 95829
Office: (916) 689-4226 Fax: (916) 689-9723

DRIVER'S EMPLOYMENT APPLICATION

Applicant Name: _____ Date of Application: _____

Website: www.manleytrucking.com

In compliance with Federal & State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize Mark Manley Trucking 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 the employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) & (e).

I understand 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-submit corrected information to the prospective employer
- 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: _____

APPLICANT TO COMPLETE

(Answer ALL questions – please print)

Position(s) Applying For: _____

Name: _____ Social Security Number: _____

List your addresses of residency for the past 3 years:

Current Address: _____
 Street _____ City _____
 State & Zip Code _____ Phone: _____ How Long? _____
 yr./mo. _____
 How Long? _____

Previous Addresses

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

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

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

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)

Are you currently employed? _____ If not, how long since previous employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____

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

Is there any reason you might be unable to perform the functions of the job for which you have applied for (as described in the attached job description)? _____

If yes, explain if you wish _____

EMPLOYMENT HISTORY

(Previous 10 years)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List the 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 order of most recent. Add another sheet if 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** 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 & 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:	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs** 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 & 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:	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs** 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 & 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:	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs** 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 & 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:	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs** 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 & 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:	
Contact Person:		Phone Number:	
Were you subject to the FMCSRs** 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*Includes vehicles having a GWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers, 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/has a GVWR of 10,001lbs or more, (2) is designed/used to transport 8 or more 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 a 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 & 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 & Qualifications – Driver

List all driver licenses or permits held in the past 3 years

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 you answered Yes to A or B, please give details _____

Driving Experience – Check Yes or No

Class of Equipment	Check Type of Equipment	Dates		Approx No Miles (Total)
		From	To	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor & Semi-Trailer Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Motorcoach –School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (More than 16 passengers)	NA			
Motorcoach –School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (More than 16 passengers)	NA			
Other				

List State operated in for the last 5 years: _____

Show special courses/training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Experience & Qualifications – Other

Show any trucking, transportation or other experience that may help in your work for this company: _____

List courses/training, other than shown elsewhere in this application: _____

List special equipment/technical materials you can work with, other than those already shown: _____

Education

Check highest grade completed: 12345678 High School: 1234 College: 1234

Last school attended: _____

Name

City, State

To Be Read & 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: _____

PRE-EMPLOYMENT QUESTIONNAIRE ON
PAST DRUG & ALCOHOL TESTING

This form is to comply with Part 40.25 of the Federal Motor Carrier Safety Regulations pertaining to drug & alcohol testing by the past or possible employers where applicant has applied for employment.

Check the appropriate box:

Have you ever tested positive for drugs? YES NO

If yes, what company? _____

Have you ever tested positive for alcohol? YES NO

If yes, what company? _____

Have you ever refused a drug or alcohol test? YES NO

If yes, what company? _____

Have you ever tested positive on a pre-employment test? YES NO

If you answered YES to any of the above questions, please complete the following:

Did you complete a Return to Work Program? YES NO

If YES, please provide the name of the Substance Abuse Counselor

Name: _____

Address: _____

Telephone Number: _____

Applicant Print Name: _____

Applicant Signature: _____

Date: _____

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 -- pre-employment testing requirements apply to driver applicants of this company.

391.103 Pre-Employment Requirements:

- a) A motor carrier shall require a driver applicant whom the motor carrier intends to hire or use, be tested for the use of controlled substances as a prequalification condition.
- b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under **391.107** of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for any controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Type or Print)

Applicant's Signature

Month

Day

Year

Witnessed By:

Company Representative's Signature

Month

Day

Year

REQUEST FOR INFORMATION – FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Mark Manley Trucking, LLC for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature: _____ **Date:** _____

Name & Address of Previous Employer:

Prospective Employer:

Office No: (916) 689-4226

Fax No: (916) 689-9723

Name of Applicant: _____

Social Security No. _____ Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and states that he/she /was employed by you as a _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the past 3 years preceding (date of application) _____. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Thank you for your time.

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant name above was employed by us. YES NO

Employed as _____ from (m/y) _____ to (m/y) _____ at the wage or salary of _____.

If driver was involved in a safety-sensitive position subject to drug & alcohol testing under Part 40, check here

Please provide a brief history of past driving record, if available, for the past 3 years: _____

Signature: _____

Title: _____ **Date:** _____

SAFETY PERFORMANCE HISTORY INQUIRY

SECTION 1: APPLICANT INFORMATION

Name: _____ **Social Security Number:** _____

Previous Employer: _____ Phone: _____

Address: _____ Fax: _____

Signature: _____ **Date:** _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 2: SAFETY PERFORMANCE HISTORY

1. Did he/she drive motor vehicles for you? YES NO If yes, what type? Straight Truck
 Tractor-Semi Trailer Bus Cargo Doubles/Triples Other (Specify) _____
2. Reason for leaving your employ: Discharged Resignation Lay-Off Military Duty
3. Was his/her general conduct satisfactory? _____
4. If there no safety performance history to report, check here , sign below & return.

ACCIDENTS: Complete the following for any accidents included on your accident register (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 accident register data for this driver.

	DATE	LOCATION	NO. OF INJUIRES	NO. OF FATALITIES	HAZMAT SPILL	COST
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policy: _____

SECTION 3: DRUG AND ALCOHOL HISTORY

If the applicant was not subject to Department of Transportation testing requirements while employed by this company please check here and sign below.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has the applicant had an alcohol test with a result of 0.04 or higher concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant tested positive adulterated or substituted a test specimen for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant 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 the applicant committed other violations of Subpart B of Part 382 or Part 40? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the applicant has violated DOT drug or alcohol regulation, did the applicant fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested? | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the past 3 years to the date above.

NAME: _____ **COMPANY:** _____

ADDRESS: _____

SIGNATURE: _____ **DATE:** _____

SAFETY PERFORMANCE HISTORY INQUIRY

(Continued)

SECTION 4a: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

This form was (*check one*):

- Faxed to Previous Employer Mailed
 Emailed Other _____

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER

Information was obtained:

- Verbal/Telephone Fax
 Mail Email

Information obtained from (*Name & Title*): _____

Employer did not respond:

Attempts made: _____ Requestor: _____

Recorded By: _____ Date: _____

FMCSA NOTICE: It is the duty of the user of this report to oversee contact information, retain records as required by the Federal Motor Carrier Safety Administration regulations and to inform the FMCSA of previous employer non-compliance issues.

PREVIOUS EMPLOYER: Keep a record of this request and the response for one (1) year, including the date, the party to whom it was released and a summary identifying what information was provided.

