



P.O. BOX 1090 ~ PENNGROVE ~ CA ~ 94951 ~ PHONE (707) 664-1409 ~ FAX (707) 769-9120

APPLICATION FOR COMPANY DRIVING POSITIONS

(Answer all questions – Please Print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Name: _____
Last First Middle

Social Security No. _____

Current Address: _____
Street City State Zip

Phone No.: (____) _____ Email Address _____

Date of Birth ____ / ____ / ____

Are you now employed? ____ If not, how long since leaving last employment? _____

Have you worked for this company before? _____ What location _____

Who referred you? _____ Rate of pay expected _____

List your addresses of residency for the past 3 years.

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

Previous Address: _____ How long _____
Street City State / Zip

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)? Yes ____ No ____

EMPLOYMENT HISTORY

All driver applicants to drive intrastate or interstate commerce must provide the following information on all employers during the past (10) years. List complete mailing address, street number, city, state and zip code and all phone numbers. (Incomplete applications will not be considered).

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary

Do we have permission to contact your "current employer?" _____ YES _____ NO Comments: _____

Current Employer:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	

NEXT EMPLOYER:	Company:	Reason for leaving:	
Dates of Employment	Address:		
From:	City:	State:	Zip: Position Held:
Month / Year	Telephone: ()	States you drove in:	
To:	Supervisor:	Number of Motor Vehicle Accidents:	
Month / Year	Types of Trailer(s) Pulled:	Full or Part-time:	

If necessary, attach an additional sheet to show employment for last 10 years.

Have you ever been discharged from any job? YES ___ NO ___ If yes, please list name of companies and reason for discharge:

List any companies you applied and/or took a pre-employment or pre-driving drug and/or alcohol test during the past two years that is not already listed above:

Company Name: _____ Date Applied: ___/___/___ Phone: (____) _____
 Company Name: _____ Date Applied: ___/___/___ Phone: (____) _____

ACCIDENT RECORD FOR PAST 5 YEARS: IF NONE, WRITE NONE.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS: IF NONE, WRITE NONE.

DATE	LOCATION (STATE)	VIOLATION	PENALTY

EXPERIENCE AND QUALIFICATIONS - DRIVERS

DRIVERS LICENSES (LIST) ALL DRIVERS LICENSE IN PAST (5) YEARS

STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever had any type of motor vehicle license suspended or revoked, or ever been denied a license, Permit of privilege to operate a motor vehicle? YES ___ NO ___
- D. Have you ever been refused auto liability insurance? YES ___ NO ___

EQUIPMENT EXPERIENCE CLASS OF EQUIPMENT	DATES		(IF NONE, WRITE NONE)
	FROM	TO	APPROXIMATE NUMBER OF MILES
TRACTOR - CONTAINER			
TRACTOR - DOUBLE "A" TRAIN			
TRACTOR - DOUBLE "B" TRAIN			
TRACTOR - FLATBED 40-48'			
TRACTOR - LOWBOY - EXTRA-HVY.			
TRACTOR - DRY-VAN			
TRACTOR - REFER-VAN			
TRACTOR - TANKER / PNEUMATIC			
TRACTOR - END-DUMP 30-36'			
TRACTOR - DUMP-TRUCK			
TRACTOR - TRANSFER			
TRACTOR - BELLY-DUMP / DOUBLES			
TRACTOR - LOG TRUCK			
TRACTOR - AUTO-TRANSPORT			
TRACTOR - STRAIGHT TRUCK			

How many years have you driven a commercial motor vehicle? _____

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. _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or background history and other related matters as may be necessary in arriving at an employment decision. 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.

Applicant's Signature

Date

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1 Alcohol tests with a result of 0.04 or higher;
- 2 Verified positive drug tests;
- 3 Refusals to be tested;
- 4 Other violations of DOT agency drug and alcohol testing regulations;
- 5 Information obtained from previous employers of a drug and alcohol rule violation;
- 6 Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: V Dolan Trucking, Inc.

Address: _____

PO Box 1090, Penngrove, Ca 94951

Phone #: 707-664-1409 Fax: 707-769-9120

Designated Employer Representative: Kim Fowler

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax: _____

Designated Employer Representative(if known) _____

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ___ **NO** ___
- 2. Did the employee have verified positive drug tests? **YES** ___ **NO** ___
- 3. Did the employee refuse to be tested? **YES** ___ **NO** ___
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ___ **NO** ___
- 5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ___ **NO** ___
- 6. If "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ___ **YES** ___ **NO** ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Title: _____

Phone #: _____

Date: _____

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