

APPLICATION FOR EMPLOYMENT

Company: <u>QUALI-T-RUCK SERVICE, INC.</u>	Reviewed By: _____
Address: <u>3767 E. Church Ave.</u>	Title: _____
City,State,Zip: <u>Fresno, CA 98725</u>	Date: _____

TO BE READ AND SIGNED BY APPLICANT

I have been advised of and understand the following: (1) *In the event of employment, false or misleading information given in my application or interview(s) may result in discharge;* (2) *I am required to abide by all rules and regulations of the Company;* (3) *The information I provide regarding current and/or previous employer(s) 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); and (4) I have the right to:* (i) *review information provided by previous employers;* (ii) *have errors corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer;* and (iii) *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. Additional information on this subject can be found in Title 49 CFR 391.23(h) through 391.23(l).*

APPLICANT'S SIGNATURE

DATE

NAME _____ TELEPHONE () _____

FIRST	MIDDLE	LAST	
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ADDRESS _____ HOW LONG? _____

STREET	CITY	STATE	ZIP
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PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 3 YEARS:

ADDRESS _____ HOW LONG? _____

STREET	CITY	STATE	ZIP
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ADDRESS _____ HOW LONG? _____

STREET	CITY	STATE	ZIP
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(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

DRIVER LICENSES HELD (PAST 3 YEARS)

LICENSE NUMBER	TYPE	STATE	EXPIRATION DATE
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>IF THE ANSWER TO EITHER QUESTION IS "YES", YOU MUST PROVIDE A WRITTEN STATEMENT GIVING THE DETAILS:</small>			

TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

DATE	LOCATION	CHARGE	PENALTY

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (use additional sheet if necessary)

DATE	NATURE OF ACCIDENT <small>(HEAD-ON, REAR-END, UPSET, ETC.)</small>	INJURIES	FATALITIES

EXPERIENCE AND QUALIFICATIONS OF DRIVER			
CLASS OF EQUIPMENT (CHECK YES OR NO)	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) To (M/Y)	APPROXIMATE TOTAL MILES
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	(van, tank, flat, dump, refer)		
Tractor/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)		
Bus/School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No			
Entry Level Driver Training (less than one year experience)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification:
Longer Combination Vehicle (LCV) Training		<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Certification:

EMPLOYMENT HISTORY	
NOTE: THE REGULATIONS REQUIRE THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN. THE PREVIOUS EMPLOYERS MAY BE CONTACTED AS PART OF THE HIRING PROCESS.	
NAME:	FROM MO: YR: TO: MO: YR:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	
CONTACT PERSON: PHONE:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME:	FROM MO: YR: TO: MO: YR:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	
CONTACT PERSON: PHONE:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME:	FROM MO: YR: TO: MO: YR:
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	
CONTACT PERSON: PHONE:	REASON FOR LEAVING:
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH ADDITIONAL SHEET(S) IF NECESSARY

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 CORRECT TO THE BEST OF MY KNOWLEDGE:	
_____ APPLICANT'S SIGNATURE	_____ DATE

Emergency Contact

Name _____ Relationship _____

Phone Number _____

Name _____ Relationship _____

Phone Number _____