

DAN PALMER TRUCKING, INC.

7211 SANDS LANE

ANDERSON, CA 96007

APPLICATION FOR EMPLOYMENT: (A) Except as provided in subpart G of this part, a person shall not drive a commercial motor vehicle unless he/she has completed and furnished the motor carrier that employs him/her with an application for employment; that meets the requirements of paragraph (b) or this section.

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

PLEASE PRINT AND ANSWER ALL QUESTIONS

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

Applicant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The address at which you have resided during the 3 years preceding the date on which this application is submitted:

Current Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Are you Currently Employed: \_\_\_\_\_ If Not, Date of Last Employment: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

High School Graduate? \_\_\_\_\_ If Not, Highest Grade Completed: \_\_\_\_\_

College? \_\_\_\_\_ Years Completed: \_\_\_\_\_ Degree? \_\_\_\_\_ Type: \_\_\_\_\_

Current License Held: \_\_\_\_\_  
License No. State Type/Class Expiration

List Any Other Unexpired Licenses You Currently Hold: - N/A if none

\_\_\_\_\_  
License No. State Type/Class Expiration

\_\_\_\_\_  
License No. State Type/Class Expiration

List all motor vehicle accidents in which you were involved during the 3 years preceding the date of the application, specifying the date and nature of each accident and any fatalities or personal injuries it caused, (list more recent first. If none, write none)

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc)	Fatalities	Injuries

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral for 3 years preceding the date of the application.

Date	Location	Charge	Penalty

\*\*\*\* If necessary, list any additional violations on back of page.

List the nature and extent of your experience in the operation of motor vehicles listed below.

Straight Truck: \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

Tractor & Semi Trailer: \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

Tractor & Doubles: \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

Buses: \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

Other: \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

Specialty Equip: \_\_\_\_\_ Dates: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Approx. No. of Miles: \_\_\_\_\_

List States Operated in for last Five Years: \_\_\_\_\_

List any trailing sources and safety awards received and by whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have the legal right to work in the United States of America? **Yes or No** \_\_\_\_\_

Have you ever held a driver's license in any name other than the one you listed on the first page of this application?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list names used: \_\_\_\_\_

---

---

---

---

**APPLICANT MUST READ AND SIGN BELOW**

My signature below certifies that this application was completed by me, and the entries on it and information in it are true and correct to the best of my knowledge. My signature further certifies that I understand as a motor carrier you are required to contact my previous employers for the purpose of investigating my background as required by the Federal Code of Regulations part 391.23. I hereby release any person(s) or entities from all liability in responding to inquiries and releasing information in connection with my application.

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

Applicant Signature: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Please list all previous employers during the 3 years preceding the date of application, together with the dates you were employed and your reason for leaving.

For those drivers applying to operate commercial motor vehicles as defined by the Federal Code of Regulations, list the names and addresses: of your employers during the 7-year period preceding the 3 years listed above, for which you were an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment:

\*\*\*\* Start with the most recent employer and work back to the most distant, (add another sheet if necessary)

1. Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
2. Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
3. Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
4. Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
5. Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
6. Employer Name: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_



**PREVIOUS DRUG AND ALCOHOL TEST STATEMENT**

To be completed by driver/applicant.

During the past (2) two years, have you ever tested positive for controlled substances including a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes \_\_\_\_\_ No \_\_\_\_\_

During the past (2) two years, have you ever refused to test for controlled substances or alcohol including a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules? Yes \_\_\_\_\_ No \_\_\_\_\_

During the past (2) two years, have you had a verified adulterated or substituted drug test result? Yes \_\_\_\_\_ No \_\_\_\_\_

During the past (2) two years, have you ever had an alcohol test with a Breath Alcohol Concentration of 0.04 or greater? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the questions above, please provide documentation of your successful completion of the return-to-duty process.

---

---

---

---

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

Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

**SINGLE DRIVER LICENSE CERTIFICATION**  
**FEDERAL CODE OF REGULATION REQUIREMENTS**

1. Part 383.21 No person who operates a commercial motor vehicle shall at any time have more than one driver's license.
  
2. Part 383.31 (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State of local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, or such conviction. The notification must be made within 30 days after the date that person has been convicted.
  
3. Parts 383.31 (b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction and who is convicted of violating, in any type of motor vehicle, a State of local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to 383.31 (a).

My signature below certified that I have read and understand the provisions of the Federal Code of Regulations listed above. My signature further certifies that the commercial vehicle license listed below is the only one held.

Driver's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

License Issuing State: \_\_\_\_\_ Type/Class: \_\_\_\_\_ DL No: \_\_\_\_\_

If it applies, list any licenses you have surrendered and the state in which they were issued in the past 3 years.

License Issuing State: \_\_\_\_\_ Type/Class: \_\_\_\_\_ DL No: \_\_\_\_\_

License Issuing State: \_\_\_\_\_ Type/Class: \_\_\_\_\_ DL No: \_\_\_\_\_

License Issuing State: \_\_\_\_\_ Type/Class: \_\_\_\_\_ DL No: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

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

**STATEMENT OF ON DUTY TIME PRIOR 7 DAYS**

Part 395.8 (j) of U.S. D.O.T. Motor Carrier Safety Regulations Motor Carriers, when using a driver for the first time or intermittently, shall obtain from the driver a signed Statement giving the total time on duty during the immediately preceding 7 days and the time at which the Driver was last relieved from duty prior to beginning work for the motor carrier.

Current Date: \_\_\_\_\_

Time last relieved from duty for previous day: \_\_\_\_\_ am/pm

Enter number of hours on duty for the (7) seven previous days, last day first.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

\_\_\_\_\_ Total

\_\_\_\_\_ Usable hours today – (70) seventy hours minus (7) seven-day total

\_\_\_\_\_ Usable hours today - (80) eighty hours minus (7) seven-day total

I hereby certify by my signature below that total hours on duty for the (7) seven previous days, as stated, are true and correct.

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

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

**ACKNOWLEDGMENT OF ALCOHOL AND DRUG TESTING  
POLICY & PROCEDURES**

I, \_\_\_\_\_, SSN \_\_\_\_\_,

ACKNOWLEDGE THAT IN ACCORDANCE WITH **THE ALCOHOL AND DRUG TESTING POLICY AND PROCEDURES FOR DAN PALMER TRUCKING, INC.** I AM REQUIRED UNDER STATE LAW, AS INDICATED IN CALIFORNIA VEHICLE CODE, SECTION 34520, TO ABIDE BY THE REQUIREMENTS OF THIS POLICY. I ACCEPT AND AGREE TO COMPLY WITH THE TERMS OF THE ALCOHOL AND DRUG TESTING POLICY, AND TO SUBJECT TO TESTING FOR ALCOHOL AND DRUGS AS REQUIRED. I UNDERSTAND THAT IF THE TEST RESULTS INDICATE THE PRESENCE OF ANY PROHIBITED DRUG OR THE MISUSE OF ALCOHOL, I WILL BE SUBJECT TO DISCIPLINARY ACTION OR TERMINATION.

FURTHERMORE, I HAVE PROVIDED A COPY OF **THE ALCOHOL AND DRUG TESTING POLICY AND PROCEDURES FOR DAN PALMER TRUCKING, INC.** I HAVE READY THE POLICY AND HAVE HAD ANY QUESTIONS REGARDING ITS CONTENTS ANSWERED.

Employee: \_\_\_\_\_

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

Designated Employee Rep: \_\_\_\_\_

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

**ANNUAL REVIEW OF DRIVING RECORD**

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

In accordance with Department of Transportation Section 391.25, a motor carrier shall, at least once every 12 months, review the driving record of each driver it employs to determine that driver meets the minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to Section 391.15.

In reviewing a driving record, the motor carrier must consider any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. The motor carrier must also consider the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles, and must give great weight to violations, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

**CERTIFICATE OF REVIEW**

I have hereby reviewed the driving record of the above-named driver in accordance with Section 391.25 and find that he/she (check one):

Date	Name of Person Reviewing	Meets Minimum Requirements	Disqualified to Drive a Motor Vehicle Pursuant to Section 391.15
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REMARKS CONCERNING DISQUALIFICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Letter if Disqualification Issued (Yes) (No) Date: \_\_\_\_\_

