

DRIVER APPLICATION FOR EMPLOYMENT

Calo & Sons Construction | Tia Marie Trucking | Antonio's Towing & Recovery

Main Office: 7871 Chubb Rd, Northville, MI 48168

An Equal Opportunity Employer

FOR OFFICE USE ONLY:

HIRED BY: CALO & SONS _____ TIA MARIE _____ ANTONIO'S _____

RATE OF PAY: \$ _____ **FIRST DATE WORKED:** _____

NOTES: _____

**** Please fill out entire application COMPLETELY – Must sign and date on last page ****

APPLICANT INFORMATION

Position(s) Applied for			Today's Date:	
Last Name		First		M.I.
Phone		E-mail Address		
Date of Birth		Social Security No.		
Are you 21 years of age or older:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date available for work:	
Do you have the legal right to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any offer of employment is conditional upon you completing Form I-9 and providing documents establishing your identity and work authorization.	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Can you perform the essential duties required by this job, with or without a reasonable accommodation?				YES <input type="checkbox"/> NO <input type="checkbox"/>

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21).

I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES (OTHER STATES, OTHER TYPES, ETC.)				

RESIDENCY – PREVIOUS THREE (3) YEARS

Attach additional sheet if more space is needed

	STREET	CITY, STATE	ZIP	# OF YEARS AT ADDRESS
CURRENT				
PREVIOUS				
PREVIOUS				
PREVIOUS				

EDUCATION

High School		City, State
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate/Program:
College		City, State
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate/Program:
Tech/Trade School		City, State
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate/Program:

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	
Full Name	Relationship
Company	Phone #
Address	

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the **last three (3) years**. *In addition, if you have driven a commercial vehicle previously, you must provide employment history for an **additional seven (7) years** (for a total of ten (10) years). **Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information

START WITH CURRENT / MOST RECENT EMPLOYER

Company	Phone #		
Address			
Position(s) Held	From MO/YR	To MO/YR	
Responsibilities			
Compensation Method: Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other:		May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company	Phone #		
Address			
Position(s) Held	From MO/YR	To MO/YR	
Responsibilities			
Compensation Method: Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other:		May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company	Phone #		
Address			
Position(s) Held	From MO/YR	To MO/YR	
Responsibilities			
Compensation Method: Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other:		May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)			
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

USE THIS PAGE IF NEEDED – IF NOT SKIP TO NEXT SECTION

Company			Phone #		
Address					
Position(s) Held			From MO/YR	To MO/YR	
Responsibilities					
Compensation Method:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Other:	May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Reason for Leaving					
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company			Phone #		
Address					
Position(s) Held			From MO/YR	To MO/YR	
Responsibilities					
Compensation Method:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Other:	May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Company			Phone #		
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Position(s) Held			From MO/YR	To MO/YR	
Responsibilities					
Compensation Method:	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Other:	May we contact your previous employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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While employed here, were you subject to the Federal Motor Carrier Safety Regulations?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YOU NEED TO PROVIDE MORE EMPLOYERS, PLEASE ASK FOR AN ADDITIONAL PAGE

DRIVING HISTORY - COMMERCIAL AND PERSONAL

List **ALL** traffic convictions, and forfeitures for the past 3 years (other than parking violations):

I have nothing to declare

<u>Date (Month/Year)</u>	<u>VEHICLE</u>	<u>Violation</u>	<u>State of violation</u>	<u>Penalty (Forfeited bond, collateral and/or points)</u>
_____	CMV / PER	_____	_____	_____
_____	CMV / PER	_____	_____	_____
_____	CMV / PER	_____	_____	_____
_____	CMV / PER	_____	_____	_____
_____	CMV / PER	_____	_____	_____

List all motor vehicle accidents applicant involved in the past 3 years: I have nothing to declare

<u>Date (Month/Year)</u>	<u>Nature of Accident (head-on, rear-end, upset, etc.)</u>	<u>#Fatalities</u>	<u>#Injuries</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

❖ Have you ever been disqualified under Federal Motor Carrier Safety Regulations guidelines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
❖ Have you ever been convicted or are any charges pending for driving while under the influence of alcohol, a narcotic drug, amphetamines or methamphetamines or derivatives thereof?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
❖ Have you ever tested positive, or refused to test, on any 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 DOT agency drug and alcohol testing rules during the past three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
❖ Has any license, permit, or privilege to operate a motor vehicle issued to you ever been denied, revoked, or suspended? IF YES, EXPLAIN:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DRIVING EXPERIENCE

TRUCK DRIVING SCHOOL (Name/Location)	GRADUATION DATE	
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	# OF YEARS EXPERIENCE
Straight Truck		
Tractor & Semi-Trailer		
Tractor & Multiple Trailers		
Tractor & Tanker		
Other		

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior 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. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I understand that if I am hired by the company and the information listed below is not provided, it can result in a delay of the processing of my payroll check.

- **A copy of your current driver's license and medical card**
- **Form W-4**
- **Payroll preference (direct deposit/paper check)**
- **I-9 verification form w/ID documents**

Applicant Name (Printed)	Date
Applicant Signature	

REFERRAL

WERE YOU REFERRED TO OUR COMPANY BY A CURRENT EMPLOYEE?	Please provide EMPLOYEE First & Last name BELOW: