

# **CARLUCCI**

## **TRANSPORT**

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### **DRIVER APPLICATION**

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**MAILING:**            **PO BOX 96**  
**FIREBAUGH, CA 93622**

**PHYSICAL:**        **1487 13<sup>TH</sup> STREET**  
**FIREBAUGH, CA 93622**

**PHONE:**            **559.659.3981**

**TOLL FREE:**        **800.334.7030**

**FAX:**                **559.659.3417**

**EMAIL:**            **[info@carluccitransport.com](mailto:info@carluccitransport.com)**

# DRIVER'S APPLICATION FOR EMPLOYMENT

(Please 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, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for \_\_\_\_\_ Date of application \_\_\_\_\_  
Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How long? \_\_\_\_\_

Previous Address \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code  
Street City State & Zip Code How long? \_\_\_\_\_  
Street City State & Zip Code 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)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

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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)?

\_\_\_\_\_  
If yes, explain if you wish. \_\_\_\_\_

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

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing addresses, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* intrastate or interstate commerce shall also provide an additional 7 years' information on those employers to whom the applicant operated such vehicle.

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

EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

EMPLOYER			DATE			
NAME			FROM		TO	
			MO	YR	MO	YR
ADDRESS			POSITION HELD			
CITY	STATE	ZIP	SALARY/WAGE			
CONTACT PERSON			REASON FOR LEAVING			
PHONE NUMBER						

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

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

TRAFFIC CONVICTIONS AND 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)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

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 ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST 5 YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHERS**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHERS EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

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

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK (OTHER THAN THOSE ALREADY SHOWN)

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

**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 complete to the best of my knowledge.

I authorize you 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. (General, 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**(THIS SECTION FOR EMPLOYER ONLY)**

APPLICANT HIRED \_\_\_\_\_

REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_

POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_  
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

CLASSIFICATION \_\_\_\_\_

**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICE OR COMPANY REPRESENTATIVE**

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACE IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

# RELEASE & VERIFICATION OF PREVIOUS DRUG PROGRAM PARTICIPATION

## **PART 1 - To be completed by employee/applicant**

In accordance with Parts 40.25, 382.301(c), 382.405(f) and 382.413 of Title 49, Code of Federal Regulations, I hereby authorize \_\_\_\_\_ to release to

(Company Name of Previous Employer)

PERSONNEL MANAGER  
(Company Representative)

at CARLUCCI TRANSPORT  
(Company Name of Prospective Employer)

P.O. BOX 96  
(Address)

FIREBAUGH, CA 93622  
(City/State/Zip)

( 559 ) 659-3981  
(Telephone)

(559) 659-3417  
(Fax)

information on my drug and alcohol testing program participation; results of any positive controlled substance tests; results of any alcohol tests with a result of .04 or greater; evidence of refusals to be tested (including verified adulterated or substituted drug test results); and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP requirements or recommendations for the preceding two years, or such lesser period if applicable. I request that you release this information immediately.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of employee/applicant: \_\_\_\_\_

Signature of employee/applicant: \_\_\_\_\_

SS No. of employee/applicant: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Witness: \_\_\_\_\_

## **PART 2 - To be completed by previous employer**

1. Did the employee participate in a drug and alcohol testing program that complies in all respects with DOT regulations set forth in Parts 40 and 382 of Title 49, Code of Federal Regulations?

Yes (Dates of Participation) from \_\_\_\_\_ to \_\_\_\_\_  No

If your answer was YES, please provide the following information:

Name of qualified drug testing program: \_\_\_\_\_

Address of qualified drug testing program: \_\_\_\_\_

Telephone number of qualified drug testing program: \_\_\_\_\_

2. What date was the employee last tested for controlled substances (drugs)? \_\_\_\_\_

What was the result of that test?  Negative  Positive (please supply copy of test results)

3. What date was the employee last tested for alcohol? \_\_\_\_\_

What was the result of that test?  Negative  Positive (please supply copy of test results)

4. Did the employee participate in a random controlled substance testing program?

Yes (Dates of Participation) from \_\_\_\_\_ to \_\_\_\_\_  No

# REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to

\_\_\_\_\_ for the purpose of investigation

( Prospective Employer )

as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## MAIL TO:

## PROSPECTIVE EMPLOYER:

CARLUCCI TRANSPORT  
PO BOX 96  
FIREBAUGH, CA 93622

Telephone No. (559) 659-3981  
Fax No. (559) 659-3417

Dear Sir/Madam:

The below named individual has made application to this company for a position as truck driver  
\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_

\_\_\_\_\_  
Name of Applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_

1. Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary  
of \_\_\_\_\_.

2. Did he/she drive motor vehicle for you? \_\_\_\_\_ Straight Truck? \_\_\_\_\_  
Tractor-Semitrailer? \_\_\_\_\_ Bus \_\_\_\_\_ Other (Specify) \_\_\_\_\_

3. Was he/she a safe and efficient driver? \_\_\_\_\_

4. Reason for leaving your employ: Discharged \_\_\_\_\_ Resignation \_\_\_\_\_ Lay Off \_\_\_\_\_  
Military Duty \_\_\_\_\_

5. Was his/her general conduct satisfactory? \_\_\_\_\_

6. Please advise history of past driving record if available for past three years: \_\_\_\_\_

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