

# DRIVER APPLICATION FOR EMPLOYMENT

Calo & Sons Construction | Tia Marie Trucking | Antonio's Towing & Recovery | Greenfield Supply Center  
Main Office: 7871 Chubb Rd, Northville, MI 48168 Office Phone: (248) 468-9200

*An Equal Opportunity Employer – applicants are considered for employment without regard to an individual's status in any group or class protected by applicable federal, state or local law. Reasonable accommodations are provided to qualified individuals in accordance with the Americans with Disabilities Act and applicable state and local law.*

## FOR OFFICE USE ONLY:

**HIRED BY:** CALO & SONS \_\_\_\_\_ TIA MARIE \_\_\_\_\_ ANTONIO'S \_\_\_\_\_ GREENFIELD \_\_\_\_\_

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

**NOTES:** \_\_\_\_\_

**\*\* Please fill out entire application COMPLETELY – Print CLEARLY using blue/black ink \*\***

## 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

<b>High School</b>			City, State
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate/Program:	
<b>College</b>			City, State
Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/Certificate/Program:	
<b>Tech/Trade School</b>			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**. **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 provide the following for each employer.**

### START WITH CURRENT / MOST RECENT EMPLOYER

<b>Company</b>	<b>Phone #</b>	
<b>Address</b>		
<b>Position(s) Held</b>	<b>From</b> MO/YR	<b>To</b> MO/YR
<b>Responsibilities</b>		
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"/>	
<b>Reason for Leaving</b>		
<b>EXPLAIN ANY GAPS IN EMPLOYMENT</b> (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"/>

  

<b>Company</b>	<b>Phone #</b>	
<b>Address</b>		
<b>Position(s) Held</b>	<b>From</b> MO/YR	<b>To</b> MO/YR
<b>Responsibilities</b>		
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"/>	
<b>Reason for Leaving</b>		
<b>EXPLAIN ANY GAPS IN EMPLOYMENT</b> (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"/>

  

<b>Company</b>	<b>Phone #</b>	
<b>Address</b>		
<b>Position(s) Held</b>	<b>From</b> MO/YR	<b>To</b> MO/YR
<b>Responsibilities</b>		
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"/>	
<b>Reason for Leaving</b>		
<b>EXPLAIN ANY GAPS IN EMPLOYMENT</b> (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**

<b>Company</b>			<b>Phone #</b>		
<b>Address</b>					
<b>Position(s) Held</b>			<b>From MO/YR</b>		<b>To MO/YR</b>
<b>Responsibilities</b>					
<b>Compensation Method:</b>	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Other:	<b>May we contact your previous employer?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Reason for Leaving</b>					
<b>EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year &amp; reason)</b>					
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"/>

  

<b>Company</b>			<b>Phone #</b>		
<b>Address</b>					
<b>Position(s) Held</b>			<b>From MO/YR</b>		<b>To MO/YR</b>
<b>Responsibilities</b>					
<b>Compensation Method:</b>	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Other:	<b>May we contact your previous employer?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Reason for Leaving</b>					
<b>EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year &amp; reason)</b>					
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"/>

  

<b>Company</b>			<b>Phone #</b>		
<b>Address</b>					
<b>Position(s) Held</b>			<b>From MO/YR</b>		<b>To MO/YR</b>
<b>Responsibilities</b>					
<b>Compensation Method:</b>	Hourly <input type="checkbox"/>	Salary <input type="checkbox"/>	Other:	<b>May we contact your previous employer?</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Reason for Leaving</b>					
<b>EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year &amp; reason)</b>					
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

Date (Month/Year)	VEHICLE	Violation	State of violation	Penalty (Forfeited bond, collateral and/or points)
_____	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 ☐

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

### 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 <u>ever</u> been denied, revoked, or suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YES, EXPLAIN: \_\_\_\_\_

### 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 & Lowboy/HH		
Other		

### MILITARY SERVICE

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

### CRIMINAL HISTORY

Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### 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 & DOT medical card**
- **Form W-4 (Federal and State)**
- **I-9 verification form w/ID documents**
- **Direct deposit forms**

Applicant Name (Printed)

Date

Applicant Signature

### REFERRAL

WERE YOU REFERRED TO OUR COMPANY  
BY A **CURRENT** EMPLOYEE?

*Please provide EMPLOYEE First & Last name BELOW:*

# MVR Release Consent Form

In conjunction with my employment or potential employment at \_\_\_\_\_ (“the company”),

I \_\_\_\_\_ (applicant name) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for pre-employment and annual reviews. I also consent to the review, evaluation and other use of any MVR I may have provided the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., “Federal Drivers Privacy Protection Act”, and it is intended to constitute written consent as required by this act.

Printed Name: \_\_\_\_\_

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

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

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

Drivers License Number: \_\_\_\_\_

State: \_\_\_\_\_



## **DRUG & ALCOHOL CLEARINGHOUSE CONSENT FOR FULL AND LIMITED QUERIES**

**NOTICE TO DRIVER:** The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

**NOTICE TO MOTOR CARRIER:** This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

### **AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
(Driver's printed name)

\_\_\_\_\_  
(Name of motor carrier)

to conduct a full pre-employment query AND limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

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

License Number: \_\_\_\_\_ Date: \_\_\_\_\_

## **Request/Consent for information from Previous Employer(s)/Carrier(s) for alcohol and controlled substances testing records**

### Disclosure and Authorization under 49 C.F.R. Part 391.23 Including DOT Drug and Alcohol Information

For purposes of an investigation in accordance with 49 C.F.R. Part 391.23, I authorize my previous employers, contractors (if owner-operator), and trucking schools, as applicable, to release and forward to \_\_\_\_\_.. ("Company") the following information for the past three (3) years:

1. DOT alcohol and controlled substance information in accordance with Parts 382 and 40 of the Federal Motor Carrier Safety Regulations {49 CFR Part 382 and 49 CFR Part 40, Section 40.25) limited to the following DOT regulated testing items, including pre-employment testing results: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested; (iv) other violations of DOT agency drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule-violation; and (vi) documentation, if any, of completion of the return-to-duty process following a rule violation.
2. Safety performance history information in accordance with 49 CFR Part 391.23, which includes: employment dates, work history (which may include position held, reason for leaving, and any termination information, whether subject to the Federal Motor Carrier Safety Administration regulations, equipment experience, area driven, and other information as applicable) and accident information (including accident date, nature of accident, whether it was preventable, whether there were injuries, fatalities, or hazardous materials involved, and copies of and accident report).

Pursuant to Section 391.23(i) of the Federal Motor Carrier Safety Regulations, you have the following rights with regards to the information release:

1. You have the right to make a written request at any time to review the information provided by previous employers, contractors (if owner-operator), or trucking schools, as applicable.
2. You have the right to have errors in the information corrected by the previous employer, contractor (if owner-operator), or trucking school, as applicable and for that employer, contractor (if owner-operator), or trucking school to re-send the corrected information.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer, contractor (if owner-operator), or trucking school and you cannot agree on the accuracy of the information.

*I, the below mentioned signer, hereby authorize, \_\_\_\_\_ to release and forward in accordance with the listed regulation, all known information pertaining to my alcohol and controlled substances testing/training records \_\_\_\_\_*

**Employee Name {Printed}: \_\_\_\_\_**

**Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_**