



# DRIVER'S EMPLOYMENT APPLICATION

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

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

PO Box 5126

Phone (209) 948-4061

Stockton, CA 95205

Fax (209) 547-1109

Website [www.reevetrucking.com](http://www.reevetrucking.com)

*In compliance with Federal & State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, non-job related disability or any other protected group status.*

## **TO BE READ AND SIGNED BY APPLICANT**

I authorize Reeve Trucking 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. (Generally, 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.

I understand that information I provide regarding current and/or previous employers may be used, and the employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) & (e).

I understand I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-submit corrected information to the prospective employer
- 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

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

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





**Accident Record** – For past 3 years or more (attach a sheet if more space is needed) if none, write **None**

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident:				
Next Previous:				
Next Previous:				

**Traffic Convictions & 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)

**Experience & Qualifications – Driver**

List all driver licenses or permits held in the past 3 years

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 you answered Yes to A or B, please give details \_\_\_\_\_

**Driving Experience – Check Yes or No**

Class of Equipment	Check Type of Equipment	Dates		Approx No Miles (Total)
		From	To	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor & Semi-Trailer Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Tractor Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Van <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Refer			
Motorcoach –School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (More than 16 passengers)	NA			
Motorcoach –School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No (More than 16 passengers)	NA			
Other				

List State operated in for the last 5 years: \_\_\_\_\_

Show special courses/training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Experience & Qualifications – Other**

Show any trucking, transportation or other experience that may help in your work for this company: \_\_\_\_\_

List courses/training, other than shown elsewhere in this application: \_\_\_\_\_

List special equipment/technical materials you can work with, other than those already shown: \_\_\_\_\_

**Education**

Check 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, State

**To Be Read & 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:

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

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

**PRE-EMPLOYMENT QUESTIONNAIRE ON**  
**PAST DRUG & ALCOHOL TESTING**

This form is to comply with Part 40.25 of the Federal Motor Carrier Safety Regulations pertaining to drug & alcohol testing by the past or possible employers where applicant has applied for employment.

Check the appropriate box:

**Have you ever tested positive for drugs?**                       YES                       NO  
If yes, what company? \_\_\_\_\_

**Have you ever tested positive for alcohol?**                       YES                       NO  
If yes, what company? \_\_\_\_\_

**Have you ever refused a drug or alcohol test?**                       YES                       NO  
If yes, what company? \_\_\_\_\_

**Have you ever tested positive on a pre-employment test?**                       YES                       NO

**If you answered YES to any of the above questions, please complete the following:**

**Did you complete a Return to Work Program?**                       YES                       NO

**If YES, please provide the name of the Substance Abuse Counselor**

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

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

Telephone Number: \_\_\_\_\_

**Applicant Print Name:** \_\_\_\_\_

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

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

# PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 -- pre-employment testing requirements apply to driver applicants of this company.

## **391.103 Pre-Employment Requirements:**

- a) A motor carrier shall require a driver applicant whom the motor carrier intends to hire or use, be tested for the use of controlled substances as a prequalification condition.
- b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under **391.107** of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for any controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

\_\_\_\_\_  
Applicant's Name (Type or Print)

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

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

Witnessed By:

\_\_\_\_\_  
Company Representative's Signature

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

# REQUEST FOR INFORMATION – FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to Reeve Trucking Company, Inc. for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name & Address of Previous Employer:**

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

**Prospective Employer:**

Telephone No: (209) 940-2629

Fax No: (209) 940-2634

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

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:

The above named individual has made application to this company for a position as \_\_\_\_\_ and states that he/she /was employed by you as a \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the past 3 years preceding (date of application) \_\_\_\_\_. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Thank you for your time.

## **TO BE COMPLETED BY PREVIOUS EMPLOYER**

### **SECTION 1: DRIVER IDENTIFICATION**

The applicant name above was employed by us.  YES  NO

Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_ at the wage or salary of \_\_\_\_\_.

If driver was involved in a safety-sensitive position subject to drug & alcohol testing under Part 40, check here

Please provide a brief history of past driving record, if available, for the past 3 years: \_\_\_\_\_

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

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

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **SAFETY PERFORMANCE HISTORY INQUIRY**

## **SECTION 1: APPLICANT INFORMATION**

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

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## **TO BE COMPLETED BY PREVIOUS EMPLOYER**

### **SECTION 2: SAFETY PERFORMANCE HISTORY**

1. Did he/she drive motor vehicles for you?  YES  NO If yes, what type?  Straight Truck  
 Tractor-Semi Trailer  Bus  Cargo  Doubles/Triples  Other (Specify) \_\_\_\_\_
2. Reason for leaving your employ:  Discharged  Resignation  Lay-Off  Military Duty
3. Was his/her general conduct satisfactory? \_\_\_\_\_
4. If there no safety performance history to report, check here , sign below & return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above or check here  if there is no accident register data for this driver.

	DATE	LOCATION	NO. OF INJUIRES	NO. OF FATALITIES	HAZMAT SPILL	COST
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policy: \_\_\_\_\_  
\_\_\_\_\_

### **SECTION 3: DRUG AND ALCOHOL HISTORY**

*If the applicant was not subject to Department of Transportation testing requirements while employed by this company please check here  and sign below.*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Has the applicant had an alcohol test with a result of 0.04 or higher concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant tested positive adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant committed other violations of Subpart B of Part 382 or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the applicant has violated DOT drug or alcohol regulation, did the applicant fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test or refuse to be tested?           | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the past 3 years to the date above.

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# **SAFETY PERFORMANCE HISTORY INQUIRY**

(Continued)

## **SECTION 4a: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER**

This form was (*check one*):

Faxed to Previous Employer

Mailed

Emailed

Other \_\_\_\_\_

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

## **SECTION 4b: TO BE COMPLETED BY THE PROSPECTIVE EMPLOYER**

Information was obtained:

Verbal/Telephone

Fax

Mail

Email

Information obtained from (*Name & Title*): \_\_\_\_\_

Employer did not respond:

Attempts made: \_\_\_\_\_ Requestor: \_\_\_\_\_

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_

**FMCSA NOTICE:** It is the duty of the user of this report to oversee contact information, retain records as required by the Federal Motor Carrier Safety Administration regulations and to inform the FMCSA of previous employer non-compliance issues.

**PREVIOUS EMPLOYER:** Keep a record of this request and the response for one (1) year, including the date, the party to whom it was released and a summary identifying what information was provided.

**APPLICANT'S KNOWLEDGE OF  
JOB REQUIREMENT'S QUESTIONNAIRE**

Name:
Date:
Phone/Cell #:
Position Applying For:

1. Total years driving? \_\_\_\_\_
2. How many years operating a cab-over truck? \_\_\_\_\_
3. Have you operated a 13 speed transmission? \_\_\_\_\_ If yes, how long? \_\_\_\_\_
4. How many years of flatbed experience? \_\_\_\_\_
5. Type of freight hauled on flatbed? \_\_\_\_\_  
\_\_\_\_\_
6. How many years of using chain & binders? \_\_\_\_\_
7. How many years using straps? \_\_\_\_\_
8. What is the minimum amount of chains required on a 37,000 lb. load? \_\_\_\_\_
9. Approximately how many pounds per tooth are deferred when sliding you 5<sup>th</sup> wheel?  
\_\_\_\_\_
10. Approximately how many pounds per hole are deferred when sliding your tandem axles?  
\_\_\_\_\_
11. What is the total allowable gross weight without a permit? \_\_\_\_\_
12. What is the total allowable gross weight allowed on the steer axle without a permit? \_\_\_\_\_  
Drive axles? \_\_\_\_\_ Tandem axles? \_\_\_\_\_
13. What is the one thing you must do before sliding the 5<sup>th</sup> wheel when the trailer is loaded?  
\_\_\_\_\_
14. How often should you drain the air tanks on the tractor? \_\_\_\_\_
15. When adjusting the brakes, what size wrench is used? \_\_\_\_\_

**APPLICANT'S KNOWLEDGE OF**  
**JOB REQUIREMENT'S QUESTIONNAIRE**

*(Continued)*

16. How do you adjust your brakes on a flatbed trailer? \_\_\_\_\_

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17. What does a Pyrometer gauge show you? \_\_\_\_\_

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18. How many amps should your amp gauge read? \_\_\_\_\_

19. What color is the Cat Motor? \_\_\_\_\_ Cummings? \_\_\_\_\_ Detroit? \_\_\_\_\_

20. What do you look at when conducting a pre-trip of your tractor? \_\_\_\_\_

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21. How often do you pre-trip your tractor? \_\_\_\_\_

22. How often do you look at your dashboard gauges? \_\_\_\_\_

23. What is the maximum speed commercial vehicles can travel in **California**? \_\_\_\_\_