

# CGWINFREY TRUCKING LLC

## DRIVER APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

EMPLOYEE NAME:

(First)

(Middle)

(Last)

ADDRESS:

City

State

Zip

HOME #: \_\_\_\_\_

CELL #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOC. SEC NO.: \_\_\_\_\_

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

### LICENSE INFORMATION

STATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CLASS: \_\_\_\_\_

ENDORSEMENTS: \_\_\_\_\_

MEDICAL EXAM CERTIFICATE EXPIRATION DATE: \_\_\_\_\_

**I attest, under penalty of perjury that I am (check one of the following):**

\_\_\_\_ A citizen of the United States

\_\_\_\_ A lawful permanent resident (Alien #A \_\_\_\_\_) Exp. Date: \_\_\_\_\_

\_\_\_\_ An alien authorized to work until \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DRIVER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### FOR OFFICE USE

DRIVER CODE: \_\_\_\_\_ DRIVER UNIT: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ O/O NAME: \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

Date Terminated: \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination report Placed in File: \_\_\_\_\_ Supervisor: \_\_\_\_\_

## EMPLOYMENT HISTORY MUST BE CONSECUTIVE WITH NO GAPS

*All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. NOTE: List employers in REVERSE order starting with the most recent.  
Add another sheet as necessary.*

### EMPLOYER 1.

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### EMPLOYER 2.

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### EMPLOYER 3.

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

### EMPLOYER 4.

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DATE: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

# APPLICANT TO COMPLETE

(Answer all questions-please print)

Position Applied for \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ SSN \_\_\_\_\_

List your addresses for the past 3 years.

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Previous Addresses:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_Yes \_\_No

Have you worked for this company before? \_\_Yes \_\_No

Are you now employed? \_\_Yes \_\_No

Who referred you? \_\_\_\_\_ Rate of Pay Expected? \_\_\_\_\_

Have you ever been bonded? \_\_Yes \_\_No Name of bonding company \_\_\_\_\_

Have you ever been convicted of felony? \_\_Yes \_\_No

(If yes, please explain fully on separate sheet of paper. *(Conviction of crime is not automatic bar to employment-all circumstances will be considered).*)

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)? \_\_Yes \_\_No

If yes, explain:

**ACCIDENT RECORD** for past 3 years or more (attach sheet if more space required). If none, write **none**.

	Dates	Nature of Accident	Fatalities/Injuries	Hazardous Material Spill
Last Accident	_____	_____	/	_____
Next Previous	_____	_____	/	_____
Next Previous	_____	_____	/	_____

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking). If none, write, **None..**

Location	Date	Charge	Penalty

### EXPERIENCE AND QUALIFICATIONS - DRIVER

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

	State	License Number	Type	Expiration Date
DIRECTOR	_____	_____	_____	_____
DIRECTOR	_____	_____	_____	_____
DIRECTOR	_____	_____	_____	_____

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 IS TO EITHER A OR B IS YES, GIVE DETAILS

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

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

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Company Representatives	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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## **CERTIFICATE OF ROAD TEST**

Driver 's Name \_\_\_\_\_ Social Security \_\_\_\_\_

CDL License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type of Power Unit \_\_\_\_\_ Type of Trailer \_\_\_\_\_

This is to certify that the above named driver was given a road test under my supervision on \_\_\_\_\_, \_\_\_\_\_.  
Consisting of approximately \_\_\_\_\_ miles of driving and it is my considered opinion that this driver possesses  
sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Title

## **CERTIFICATION OF RECEIPT AND UNDERSTANDING OF CONSENT TO COMPLY WITH COMPANY SUBSTANCE ABUSE PROGRAM**

I hereby authorize The Company to obtain my DOT drug and alcohol test results from my past employers for previous two (2) years, in accordance with the Federal regulations and understand that those results will be kept strictly confidential.

I hereby authorize The Company "Designated Agent" to receive my drug and alcohol test results direct from Company's testing laboratories and alcohol testing facilities, and to process and report such test results to The Company in a confidential manner.

Driver (First and Last Name-print) \_\_\_\_\_

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

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

### **PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT**

The prospective employee is required by Sec.40.25 to respond to the following:

1. Have you 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 2 years?

Check one: \_\_\_ Yes \_\_\_ No

2. If you answered yes, can you provide or obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: \_\_\_ Yes \_\_\_ No

I certify that the information provided on this document is true and correct.

Driver (First and Last Name-print) \_\_\_\_\_ SSN \_\_\_\_\_

**Driver Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witnessed By (Signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

## ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 – Controlled Substances and Alcohol Use Testing applies to drivers of this company.

Company Name: **CGWINFREY TRUCKING**

Driver Applicant Name (Print-First, Middle, Last):

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. Test Scheduled:    Date:\_\_\_\_\_Location:\_\_\_\_\_    Time:\_\_\_\_\_

2. Check type of test:     Alcohol     Controlled Substance

3. Check reason for test:

<input type="checkbox"/> Pre-employment	<input type="checkbox"/> Random	<input type="checkbox"/> Reasonable suspicion/Cause
<input type="checkbox"/> Post-accident	<input type="checkbox"/> Return to duty	<input type="checkbox"/> Follow-up

I understand as a condition of my employment with this company, the above identified test is required.

**Driver/Applicant Signature**

**Date**

## Company Representative

Date \_\_\_\_\_



# **DRIVER'S RECEIPT FEDERAL MOTOR CARRIER SAFETY REGULATIONS**

I hereby acknowledge that I have received a copy of the Federal Motor Carrier Safety Regulations, parts 40, 380, 382, 383, 387, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of federal Regulation, as contained therein.

I agree to familiarize myself with these regulations and to comply with all the provisions of these regulations. I will also follow all company procedures as required by the Motor Carrier.

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Driver's Name *(Please Print)*

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Name of Motor Carrier

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Driver's Signature

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Signature of Motor Carrier

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Date

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Date

## **UNAUTHORIZED PASSENGER**

I understand that NO passenger may ride in my tractor or in a company tractor without written authorization from CGWINFREY TRUCKING LLC, unless I am transporting someone who needs immediate medical attention to a hospital or clinic. I understand that transportation of unauthorized passengers will result in my termination.

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Date

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Signature

## GENERAL RELEASE

**Applicant's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

### INFORMATION RELEASE AUTHORIZATION

I authorize **CGWINFREY TRUCKING LLC** to investigate my background, any possible criminal record, and prior work history, and agree that any misrepresentation or omission of facts is a legitimate cause for decertification. I authorize and understand **CGWINFREY TRUCKING LLC** will obtain a consumer report from "Designated Company" to investigate any background, any possible criminal record (convictions will not necessarily bar driver certification), prior work history, and I understand upon my request "Designated Company" shall make a complete and accurate disclosure of the nature and scope of the report. I understand that **CGWINFREY TRUCKING LLC** is required by law to obtain certain information in the consumer report. I authorize the release of work history and background information to **CGWINFREY TRUCKING LLC**.

I also authorize the release of information to safety manager at **CGWINFREY TRUCKING LLC** concerning my dates of employment, reasons for termination of employment, work experience, accidents, academic history, professional credentials, and past drug and alcohol test results and any refusal to be tested including pre-employment drug tests, as required by the Federal Motor Carrier Safety Regulations, Title 49, Section CFR 382.413 and 382.405.

Furthermore, I submit that I have been expressly notified of my rights regarding the investigative information provided to **CGWINFREY TRUCKING LLC** as outlined in FMCSR S391.23 (i), (ii), (iii), which includes:

- The right to review information provided by previous employers.
- The right to Have errors in the information corrected by the previous employer and for that employer to resend the corrected information to **CGWINFREY TRUCKING LLC**.
- The right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and

I cannot agree on the accuracy of the information.

I understand that in order to receive such consumer report information I must submit a written request to **CGWINFREY TRUCKING LLC** within 30 days after being certified to drive, or notified of denial of certification to drive.

I hereby authorize you to release the following information to **CGWINFREY TRUCKING LLC** for purposes of investigation as required by Section 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING STATEMENT

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**Driver/Applicant's Signature**

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**Date**

**\*\* EMPLOYMENT VERIFICATION \*\***

**Date:** \_\_\_\_\_ **Company:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**DRIVER NAME:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

The above individual has applied CGWINFREY TRUCKING LLC., in a Safety Sensitive position as a Tractor/Trailer CMV Operator. In accordance with FMCSR 391.23, 382.413 and 382.405, we are providing you with the driver's written authorization for the purposes of obtaining verification of the individual's safety performance history and drug & alcohol testing.

Person Requesting Information: *Safety Manager*

**Return FAX: (202) 518-4168 OR via PHONE: (202) 938-5700**

**Employment Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Equipment:**

\_\_\_ Dry Van \_\_\_ Reefer \_\_\_ Flatbed \_\_\_ Tanker \_\_\_ Dump \_\_\_ Straight Truck \_\_\_ Bus  
\_\_\_ Construction \_\_\_ Truck Trailer \_\_\_ Other \_\_\_\_\_

**Type:** \_\_\_ Owner Operator \_\_\_ Company Driver \_\_\_ Fleet Driver

**Experience:** \_\_\_ OTR \_\_\_ Regional (States) \_\_\_ Local

**Accidents:**

**(If none please state)**

Date: \_\_\_\_\_ Preventable: Y / N DOT: Y / N Description: \_\_\_\_\_  
Date: \_\_\_\_\_ Preventable: Y / N DOT: Y / N Description: \_\_\_\_\_

**DOT OR MC #** \_\_\_\_\_

Reason for leaving: \_\_\_ Still Employed \_\_\_ Quit \_\_\_ Terminated \_\_\_\_\_

Eligible for Rehire: \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review

Performance Comments: \_\_\_\_\_

\_\_\_\_\_

1. Was the applicant subjected to drug and alcohol testing under DOT regulations? ☐ YES ☐ NO
2. Did the applicant test positive for a controlled substance in the previous three years? ☐ YES ☐ NO
3. Did the applicant have an alcohol test with a BAC of 0.04 or greater in the previous three years? ☐ YES ☐ NO
4. Did the applicant refuse a controlled substance or alcohol test in the last three years? ☐ YES ☐ NO
5. Have you received information from a previous employer that this individual violated DOT drug and alcohol regulation in the past three years? ☐ YES ☐ NO
6. Has the applicant violated other DOT drug/alcohol regulations in the past three years? ☐ YES ☐ NO

**Verification completed by:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER**

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

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

\_\_\_\_\_  
Date

First Request: \_\_\_\_\_ Second Request: \_\_\_\_\_ Third Request: \_\_\_\_\_