READ THIS BEFORE BEGINNING APPLICATION

The Driver Eligibility Requirements listed below are the <u>MINIMUM</u> requirements for all Commercial Drivers employed by PINTAIL TRUCKING LLC. with or without reasonable accommodations.

- A minimum of <u>21 (twenty-one)</u> years of age.
- A minimum of **1 (one)** year of verifiable Commercial Motor Vehicle driving experience.
- Must possess a valid commercial drivers license issued by California.
- Must attach current/within 30 days H-6 DMV printout.
- Must be able to read, write, and understand the English language.
- No record of refusal to take a drug/alcohol test provided for any legal requirement.
- Must fulfill the minimum requirements of Driver Qualifications, as set forth by the Federal Motor Carrier Safety Regulations, Part 391.
- Must take and pass a pre-employment drug screen per DOT requirements.
- Must be able to pass a DOT physical examination.
- Must successfully pass Pintail Truckings road test.
- Must be capable of lifting <u>30-50</u> pounds repetitively.
- Must be capable of climbing into/out and on truck multiple times a day. This may include climbing a ladder to top of tank.
- Must be able to work any shift (night, weekend, holidays).
- Must have Tanker and Hazmat Endorsements with TSA clearance.
- Proficiency with safe work practices and tank truck driving.
- Must be able to stand and/or walk multiple hours a day.
- Must be able to respond to emergency situations.
- Must have good and/or correctible vision and good hearing in both ears.
- Must display good hygiene, have good coordination and good sense of balance.

Printed Name: _	Signat	ure:



(Please answer all questions – Please print)

Qualified applicants are considered for all positions without discrimination on the basis of race, color, religion, sex, national origin, age, marital status, any disability, or any other characteristic protected by applicable State or Federal civil rights laws.

		[Date:		
Name:					
(Last)		(First)			(Middle)
List your addresses of	residency for the past 3	years.			
Current Address:					
	(Street)	(City)			(State/Zip)
	Home Phone:	Cell Phone:			How Long?
Previous Addresses:					How Long?
	(Street)	(City)	(S	State/Zip)	
					How Long?
	(Street)	(City)		State/7in)	
ocial Security#	(Street)	(City)	(S	State/Zip)	
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oo you have the legal ri	ght to work in the United	d States? □Yes □No If not, how long since leaving la	ast employ	State/Zip) yment? _	
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re you employed now? id anyone refer you? _ re you able to perform ccomodations? Tyes	ght to work in the United Yange Service Servic	d States? □Yes □No If not, how long since leaving la Rate of Pay expected s of the position for which you	ast employ d? are applyi	State/Zip) yment? _	

EMPLOYMENT HISTORY Please list the last **10** years of your employment history

All driver applicants must provide the following information on all employers during the preceding 3 years.

List complete mailing addresses including street number, city, state, and zip code.

Applicants to drive commercial motor vehicle in intrastate commerce shall also provide an additional 7 years of information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary. <u>List any GAPS in employment with dates and reasons.</u>

Employer:			Telephone: _()
Dates employed from:	to		Job Title
Summarize the work perfo	ormed and job responsibilities:		
Contact:	Rate of Pay? _		May we contact a reference? □Y □N
Reason for leaving:	☐ Discharged	☐ Resigned	☐ Laid Off
Please Explain:			
		,	ted mode subject to the drug and
alcohol testing requireme Employer:		□Yes □No	•
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Employer:			_Telephone: _()
Dates employed from:	to		Job Title
Summarize the work perform	ned and job responsibilities:		
Address:			
Contact:	Rate of Pay?		May we contact a reference? $\Box Y$
Reason for leaving:	☐ Discharged	☐ Resigned	☐ Laid Off
Please Explain:			
Were you subject to FMCSR	while employed? Yes		
Was your job designated as		any DOT-regula	ited mode subject to the drug and o
Was your job designated as alcohol testing requirements	a safety-sensitive function in s of 49 CFR PART 40?	any DOT-regula ☐ Yes ☐ No	
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**Please fill out a	any GAPS in employmo	ent history (unemploy	ment, etc) wit	ch dates and rea	sons for gaps:
dent Record for pas	st 3 years (Attach sepa	rate sheet if more spa	ce is needed). I	f None, write "N	lone"
Dates	Nature of Acci	dent (Head-on,	Fatalities	?	Injuries?
					•
	Rear-E	nd, Etc)			
Accident:	Rear-E	nd, Etc)			
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Class of Equipment	Type of Equipment	Dates:	Approx	# of Mi	les
	(Van, Tank, Flat, Etc)				
Straight Truck					
Tractor & Semi Trailer					
Tractor & Two Trailers					
Motor Coach-School					
Other					
	five years:ining that will help you as a driver:				
Which safe driving awards do	you hold and from whom?				
	sportation or other experience			r thic	company
Has any license, permit, or pri					
f yes to either question, pleas	ivilege ever been suspended or rev				
Education:	se explain:				
Education: Circle Highest Grade Complet			College 1234		
Education: Circle Highest Grade Complet Last School Attended:	se explain:ed: Elementary 1 2 3 4 5 6 7 8				
Education: Circle Highest Grade Complet Last School Attended:	se explain:ed: Elementary 1 2 3 4 5 6 7 8		College 1234	YES	NO
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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 and/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 hearby release employers, schools, health care providers and other persons from all liability responding to inquiries and releasing information in connections 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 information I provide regarding current and/or previous 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(d) and (e). I understand that I have the right to:

•	Review in	nformation p	provid	ded I	by prev	ious empl	oyers: Have	err	rors in th	e informati	on corrected	by
	previous	employers	and	for	those	previous	employers	to	re-send	corrected	in formation	to
	prospecti	ive employe	r.									

Applicants Signature	Date

Please submit completed application to csalters@pintailtrucking.com or mail to: Pintail Trucking, LLC P.O. Box 98 Buttonwillow, CA 93206