

READ THIS BEFORE BEGINNING APPLICATION

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

- A minimum of **21 (twenty-one)** 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 **30-50** 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: _____ Signature: _____



(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.

Position applied for: _____ 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) (State/Zip)
_____ How Long? _____
(Street) (City) (State/Zip)

Social Security #: _____

Do you have the legal right to work in the United States? Yes No

Are you employed now? Yes No If not, how long since leaving last employment? _____

Did anyone refer you? _____ Rate of Pay expected? _____

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No

Are you willing to take a physical examination and drug screen? Yes No

Have you ever been convicted of any crime either Felony or Misdemeanor? Yes No

If yes, please explain? _____

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. List any
GAPS in employment with dates and reasons.

1. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and
alcohol testing requirements of 49 CFR PART 40? Yes No

2. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

3. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

4. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

5. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title: _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

6. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title: _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

7. Employer: _____ Telephone: _() _____

Dates employed from: _____ to _____ Job Title: _____

Summarize the work performed and job responsibilities: _____

Address: _____

Contact: _____ Rate of Pay? _____ May we contact a reference? Y N

Reason for leaving: Discharged Resigned Laid Off

Please Explain: _____

Were you subject to FMCSR* while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR PART 40? Yes No

**Please fill out any GAPS in employment history (unemployment, etc..) with dates and reasons for gaps:

Accident Record for past 3 years (Attach separate sheet if more space is needed). If None, write "None"

Dates	Nature of Accident (Head-on, Rear-End, 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

Experience and Qualifications – Driver

Driver License Information	State	License#	Type	Expiration Date

Driving Experience. If None, write "None"

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates:	Approx # of Miles
Straight Truck			
Tractor & Semi Trailer			
Tractor & Two Trailers			
Motor Coach-School			
Other			

List states operate in for last five years: _____

List any special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

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

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes to either question, please explain: _____

Education:

Circle Highest Grade Completed: Elementary 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended: _____

(Name)

(City)

In the Past 2 years have you:	YES	NO
Tested positive for any controlled substances pre-employment test for any other company?		
Refused to be tested for any controlled substances pre-employment test for any company?		
Tested above .04 on any alcohol pre-employment for any other company?		

If you signed "yes" to any of the above answers, please complete the section below.

CFR 40 § 40.25(j)- Driver Pre-Employment Verification of Testing Results:

Company _____ Phone _____

Address _____ City/State _____

Name of SAP _____ Phone _____

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 hereby 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 information provided by previous employers: Have errors in the information corrected by previous employers and for those previous employers to re-send corrected information to prospective employer.

Applicants Signature

Date

Please submit completed application to csalters@pintailtrucking.com or mail to:

Pintail Trucking, LLC
P.O. Box 98
Buttonwillow, CA 93206