

NOTICE TO ALL DRIVER APPLICANTS

- You may submit your application by Fax, Email, or Mail.
- Start with your MOST recent employment and WORK BACKWARDS.
- You must provide a 10 year employment history.
- Any gaps in your employment dates more than 30 days must be filled in, and you must state what you did during those gaps.
- **ALL** fields **MUST** be completed. Failure to do so will result in your application not being considered.
- Only complete the sections with a * on page 4.

Your application will be reviewed. If you possess the qualifications we are looking for, you will be contacted. Please don't return this cover page.

Thank you for taking the time to do the application correctly!

Online application can be found at:
prestresstransporation.com/driverapplication

COMMERCIAL DRIVER APPLICATION

Name _____

Phone _____ email _____
(First) (Middle) (Last)

Current Address _____ How Long? _____
(Street) (City) (State/Zip)

Date of Birth _____ Social Security Number _____

Previous Address for the Past Three Years (Attach sheet if more space is needed)

Previous Address _____ How Long? _____
(Street) (City) (State/Zip)

Previous Address _____ How Long? _____
(Street) (City) (State/Zip)

Have you ever been convicted of a felony? _____

If yes, please explain by attaching a sheet. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

DRIVER LICENSE INFORMATION

List all driver licenses held in past three (3) years.	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____

DRIVER EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	FROM - TO MONTH/YEAR	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRACTOR			
TRACTOR & SEMI-TRAILER			
OTHER			

ACCIDENT RECORD FOR THE PAST 3 YEARS

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	CITATIONS ISSUED

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (EXCLUDING PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

Give a **COMPLETE RECORD** of all employment for the past three (3) years, and all commercial driving experience for the past ten (10) years. **PLEASE ORDER BY MOST RECENT EMPLOYMENT to LEAST RECENT DUPLICATE PAGE IF NECESSARY**

<p>A <i>For office use only</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM Month____ Year____ TO Month____ Year____ Position Held_____</p> <p>Current Name of Business _____ Contact Name _____</p> <p>Address_____ City/St/Zip_____</p> <p>PHONE (_____)_____ FAX (_____)_____ Email_____</p> <p>Reason for leaving_____</p> <p><i>Please add notes related to the employment above including if the company is out of business or how to contact them.</i></p> <p><i>You can also enter non-DOT related employment below including unemployment or self-employment periods.</i></p> <p>Notes_____</p>
<p>B <i>For office use only</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM Month____ Year____ TO Month____ Year____ Position Held_____</p> <p>Current Name of Business _____ Contact Name _____</p> <p>Address_____ City/St/Zip_____</p> <p>PHONE (_____)_____ FAX (_____)_____ Email_____</p> <p>Reason for leaving_____</p> <p><i>Please add notes related to the employment above including if the company is out of business or how to contact them.</i></p> <p><i>You can also enter non-DOT related employment below including unemployment or self-employment periods.</i></p> <p>Notes_____</p>
<p>C <i>For office use only</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM Month____ Year____ TO Month____ Year____ Position Held_____</p> <p>Current Name of Business _____ Contact Name _____</p> <p>Address_____ City/St/Zip_____</p> <p>PHONE (_____)_____ FAX (_____)_____ Email_____</p> <p>Reason for leaving_____</p> <p><i>Please add notes related to the employment above including if the company is out of business or how to contact them.</i></p> <p><i>You can also enter non-DOT related employment below including unemployment or self-employment periods.</i></p> <p>Notes_____</p>
<p>D <i>For office use only</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM Month____ Year____ TO Month____ Year____ Position Held_____</p> <p>Current Name of Business _____ Contact Name _____</p> <p>Address_____ City/St/Zip_____</p> <p>PHONE (_____)_____ FAX (_____)_____ Email_____</p> <p>Reason for leaving_____</p> <p><i>Please add notes related to the employment above including if the company is out of business or how to contact them.</i></p> <p><i>You can also enter non-DOT related employment below including unemployment or self-employment periods.</i></p> <p>Notes_____</p>
<p>E <i>For office use only</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM Month____ Year____ TO Month____ Year____ Position Held_____</p> <p>Current Name of Business _____ Contact Name _____</p> <p>Address_____ City/St/Zip_____</p> <p>PHONE (_____)_____ FAX (_____)_____ Email_____</p> <p>Reason for leaving_____</p> <p><i>Please add notes related to the employment above including if the company is out of business or how to contact them.</i></p> <p><i>You can also enter non-DOT related employment below including unemployment or self-employment periods.</i></p> <p>Notes_____</p>
<p>F <i>For office use only</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>FROM Month____ Year____ TO Month____ Year____ Position Held_____</p> <p>Current Name of Business _____ Contact Name _____</p> <p>Address_____ City/St/Zip_____</p> <p>PHONE (_____)_____ FAX (_____)_____ Email_____</p> <p>Reason for leaving_____</p> <p><i>Please add notes related to the employment above including if the company is out of business or how to contact them.</i></p> <p><i>You can also enter non-DOT related employment below including unemployment or self-employment periods.</i></p> <p>Notes_____</p>

This certifies that this application was completed by me, and that all entries and information in it are complete to the best of my knowledge.

Applicant's Signature _____

Date _____

DRIVER COMPLETE * SECTIONS ONLY

PREVIOUS EMPLOYMENT VERIFICATION REQUEST FORM

***Driver Full**

Name _____ *SSN# _____

(Start Date 1) (End Date 1) (Start Date 2) (End Date 2) (Start Date 3) (End Date 3)

CLASS		TRUCK		EXPERIENCE (Circle One)		AREA DRIVEN	
Company		Tractor-Trailer		Flatbed	Tanker	OTR	
Lease		Straight Truck		Van	Other	Regional	
Own/Op		Tanker		Reefer		Local	
Other		Length		Intermodal		Other	

REASON FOR SEPARATION		ELIGIBILITY FOR REHIRE		SUBJECT TO FMCSA		RESPONSIBLE FOR MAINTAINING LOGS?	
Resigned		Yes	No	Yes	No	Yes	No
Laid Off		Review	Other	SUBJECT TO DOT		# OF STATES DRIVEN	
Other				Yes	No		
Discharged (Give Reason)				Loads Hauled			

ACCIDENTS If none, check [] # Preventable _____ # Non-preventable _____ # DOT Reportable _____

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET)	FATALITIES	INJURIES	CITATIONS ISSUED

DRUG AND ALCOHOL In the three years prior to the date of the employee's signature on the release...

	YES	NO
1. Did the Alcohol tests with a result of 0.04 or higher?		
2. Did the employee have Verified positive drug tests?		
3. Did the employee refuse to be tested?		
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?		
5. Did a previous employer report a drug and alcohol rule violation to you?		
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?		

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records)

Information Provided by (Signature) _____

Title/Date _____

Phone _____

Printed Name _____

Email _____

Company DOT # _____

DISCLOSURE AND RELEASE

* _____
Signature

* _____
Printed Name

* _____
Date

I, the above mentioned signer, hereby authorize (To Company) _____ to release and forward in accordance with the DOT Regulation 49 CFR part 391.23, all known information pertaining to my alcohol and controlled substance

testing/training records to Prestress Transportation, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment test during the past three years:

(i) alcohol test with the result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested, including verified adulterated or substituted results; (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation/s; and (vi) documents, if any, of completion of a return to duty process following a rule violation. I also authorized the company listed above to release information about names and dates of previous employers, reasons for termination of employment, work experience, accidents, and other information.

The information that I have author authorized Prestress Transportation, Inc. to review involves test required by DOT. If any carrier company listed above furnishes Prestress Transportation, Inc. with information concerning any of the items listed above, I also authorize that company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with the results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.