

SUNRISE EXPRESS, LTD.
1865 WEST 6TH STREET
RUSK, TX 75785
(903) 683-2195

Thank you for your interest in employment with our company. Attached you will find our employment application. In addition to completing this application, in its entirety, we require the following when considering an applicant for employment with Sunrise Express.

1. Applicants must be at least 25 years of age.
2. Have 2 years of verifiable experience.
3. A copy of your CDL and current medical card.
4. A copy of your MVR. This can be obtained at your local DPS office or online at:
https://txapps.texas.gov/tolapp/txldr/cdr/TXDPSLicenseeManager?utm_source=texasgov&utm_medium=driver_LDR&utm_campaign=driver_2013.
Select Type 3A. The fee for this online certified copy is \$12. This fee is refundable after 90 days of continuous employment.

Once an applicant completes the required application and supporting documents, we will verify previous employment. The length of time to complete the employment verification process is completely dependent on the accuracy of the information provided on the application and the response time of previous employers.

We look forward working with you!

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COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: _____

Name: _____
 First Middle Last

Address _____ Home telephone: _____

City _____ State _____ Zip _____ Cellular telephone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

1 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

2 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

3 Street _____ Dates: From _____ To _____

City _____ State _____ Zip _____

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

State _____ Number _____ Expiration Date _____

Experience:

_____ to _____
Type of vehicle driven Dates Approximate mileage driven

_____ to _____
Type of vehicle driven Dates Approximate mileage driven

_____ to _____
Type of vehicle driven Dates Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date _____ Describe _____ Fatalities _____ Injuries _____

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List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
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Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No
Date _____ Violation _____ State _____ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Position Held / Job Title: _____ If current employer, may we contact? Yes / No

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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2) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Position Held / Job Title: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Position Held / Job Title: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Position Held / Job Title: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Position Held / Job Title: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____
Position Held / Job Title: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

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7) Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip code: _____ Telephone: _____
 Position Held / Job Title: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify 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."

Applicant's Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

 Name

 Name

 Title

 Date

 Title

 Date

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

SUNRISE EXPRESS, LTD.
 1865 WEST 6TH STREET
 RUSK, TX 75785
 (903) 683-2195

**COMMERCIAL VEHICLE DRIVER APPLICANT
 Controlled Substance and Alcohol Questionnaire
 Pursuant to 49 CFR part 40.25(j)**

Application Date _____

Name _____
First Middle Last

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

49 CFR 40.25(j)

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty process?	YES	NO
If YES —	Documentation MUST BE PROVIDED before any safety-sensitive transportation function is performed.		

 Applicant's Signature

 Date Signed

TO BE COMPLETED BY EMPLOYER:

 Received by:

 Reviewed by:

 Title:

 Date:

 Title:

 Date:

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

TO: _____ DATE: _____
 Former Employer's Name _____
 Mailing Address _____
 City / State / Zip _____
 Telephone # _____ Fax Number _____

I, _____, hereby authorize _____ to release to all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAP) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____
Witness's Signature & Date _____

REQUEST FROM:
 Company: SUNRISE EXPRESS, LTD.
 Address/City/State/Zip: P.O. BOX 359, RUSK, TX 75785
 Telephone Number: (903) 683-2195 Fax Number: (903) 683-6143
 Contact Person & Title CATRINA BURRIS CLERK
 NAME OF APPLICANT: _____ SSN _____
 JOB APPLYING FOR: DRIVER

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ___/___/___ to ___/___/___ YES or NO
 IF NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? _____ Owner/Operator? _____ Other? _____
 Type of truck(s) and/or truck/tractor(s) operated: _____
 Commodities transported: _____ Area of operations: _____
- Accidents? YES or NO IF YES, please give date(s) and brief description of each accident: _____
- Why did this employee leave your company? _____
- Would you re-employ this person? YES or NO IF NO, please explain: _____
- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s): _____
- Verified positive controlled substances test results? YES or NO If yes, please give date(s): _____
- Refusals to be tested? YES or NO If yes, please give date(s): _____
- Was rehabilitation completed as required? YES or NO If yes, please give date(s): _____

Person providing the above information:

Name: _____ Title: _____
 Company: _____ Date: _____

