



TRANSPORTATION, INC.
 3213 Mission Ave
 Oceanside, Ca. 92058

DRIVER APPLICATION FOR EMPLOYMENT

Date _____

Name - First _____ Middle _____ Last _____

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

Home Phone () _____ Cell Phone () _____

Current Address _____
 (If listing a P.O. Box number – also list physical address)

City _____ State _____ Zip Code _____

If your address is less than 6 years, continue listing them below to cover the previous 6 year period:

Dates _____ to _____ Dates _____ to _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Dates _____ to _____ Dates _____ to _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Driver's License Information – List all licenses held in the last 4 year period:

State _____ Number _____ Expiration _____

State _____ Number _____ Expiration _____

State _____ Number _____ Expiration _____

Employment History – Last 10 years (383.35) – Account for gaps between employers:

(If owner/operator, list carriers leased to)

1. From _____ To _____ Job Title _____ Rate of Pay _____

Company Name _____ Phone () _____

Street Address _____ Supervisor _____

City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

2. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

3. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

4. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

5. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

6. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

7. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

8. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

9. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

10. From _____ To _____ Job Title _____ Rate of Pay _____
Company Name _____ Phone () _____
Street Address _____ Supervisor _____
City _____ State _____ Zip _____ Reason for Leaving _____

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 _____

Note: If you have more employers to list, please write your information on the back of this application.

Have you ever worked for ***Mohsen Transportation Inc?*** Yes _____ No _____ Who referred you? _____

Names of any relatives employed by this company _____

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Last school attended _____ Address _____ City/State _____

Have you ever worked for this company or any other company under another name? Yes _____ No _____

If so, under what name? _____

DRIVING RECORD

Tickets

(Note – If none, please write “NONE” in the space below)

<i>Date</i>	<i>Commercial Vehicle – Yes or No</i>	<i>State</i>	<i>Type of Ticket (speeding, overweight, etc)</i>

DUI

(Note – If none, please write “NONE” in the space below)

<i>Date of Conviction</i>	<i>Commercial Vehicle – Yes or No</i>	<i>City and State</i>

Accidents

(Note – If none, please write “NONE” in the space below)

<i>Date</i>	<i>Location and Description</i>	<i># of Injuries</i>	<i># of Fatalities</i>	<i>Any Hazmat Spills</i>

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 _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

IF YES, please explain _____

Have you ever been convicted of a felony? Yes _____ No _____

IF YES, please explain in detail (*date, facts, etc*). Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. _____

APPLICANTS MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer and/or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test. I also understand that I must be insurable and bondable.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer. I understand that my employment with ***Mohsen Transportation Inc.*** is at-will and that ***Mohsen Transportation Inc.*** may terminate my employment at any time, for any reason or no reason, and with or without notice. I also understand that this application is not in any way to be construed as a contract of employment.

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.

Mohsen Transportation Inc. also endeavors to select and retain the best qualified individuals based upon job-related qualifications and regardless of race, color, creed, sex, religion, national origin, age, marital status, disability, sexual orientation or any other protected group under law.

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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules 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

****FOR OFFICE USE ONLY****

Reviewed By _____

Date _____

Title _____

Terminal Applying At _____

**RELEASE / AUTHORIZATION TO OBTAIN INFORMATION
DOT DRUG AND ALCOHOL RELEASE**

I hereby authorize you, per 49 CFR Part 40, to release to ***Mohsen Transportation Inc., 3213 Mission Ave. Oceanside, Ca. 92058, (phone) (760) 754 – 2009, (fax) (760) 754 – 6827***, information from my DOT regulated drug and alcohol testing by the carriers (company/school) listed below for the sole purpose of investigation as required by Section 382-413 and 40.25 of the Federal Motor Carrier Safety Regulations and transmitting such records. You are released from any and all liability which may result from furnishing such information.

I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years: (i) alcohol tests with a 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.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed below furnishes information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with 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.

Part A: TO BE COMPLETED BY THE APPLICANT

Print Applicant's Name _____ Social Security Number _____ - _____ - _____

Applicant's Signature _____ Date _____

List 3 Years Previous Employer Names	City	State

Part B: TO BE COMPLETED BY PREVIOUS EMPLOYER

Pursuant to Part 382.413 and 40.25 of the Federal Motor Carrier Safety Regulations, I hereby request any available information on your former / current commercial vehicle driver listed above regarding the following questions during the past three years:

- | | | | |
|----|---|------------|-----------|
| A. | Has this person ever tested positive for controlled substance? | Yes | No |
| B. | Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater? | Yes | No |
| C. | Has this person refused a controlled substance test and/or alcohol test? | Yes | No |
| D. | Has this individual violated other DOT drug / alcohol regulations? | Yes | No |
| E. | Have you received information from a previous employer that his individual violated DOT drug and alcohol regulations? | Yes | No |

If you answer "yes" to any of the above questions, please provide dates and results of all positive tests as well the name and contact information for the Substance Abuse Professional that the listed applicant was referred to:

Controlled Substance: Date Tested _____ Results _____

Alcohol: Date Tested _____ Results _____

SAP Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Company Name _____

Print Name _____ Title _____ Date _____