

APPLICATION FOR EMPLOYMENT



Di Pietro Trucking Co.
8612 S 218th St
Kent, WA 98031

The purpose of this application is to determine whether or not the applicant is qualified to operate motor carrier equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Di Pietro Trucking Co.

Instructions to Applicant

Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank; write "No" or "None".

Position applying for;
[] Local.
[] Over the Road.

Date Month / Day / Year

Name Last Middle Initial First

Phone Emergency Phone

Date of Birth Month / Day / Year

Social Security Number

DOT Physical Expiration Date Month / Day / Year

Current & Three Years Previous Addresses:

Address City State Zip

From Month / Day / Year To Month / Day / Year

Address City State Zip

From Month / Day / Year To Month / Day / Year

Address City State Zip

From Month / Day / Year To Month / Day / Year

Have you worked for this company before? []Yes []No

If "Yes", in what years?

Reason for Leaving?

Education History (Please Circle the Highest Grade Completed).
Grade - High School 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Post Grad 1 2 3 4

EMPLOYMENT HISTORY

Please give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Present or Former Employer

Supervisor or HR Contact Name

Position Held

From

mm/dd/yyyy

To

mm/dd/yyyy

Reason for Leaving

Phone Number

Address

City, State, ZIP Code

Were you subject to the FMCSRs* while employed there? 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

Present or Former Employer

Supervisor or HR Contact Name

Position Held

From

mm/dd/yyyy

To

mm/dd/yyyy

Reason for Leaving

Phone Number

Address

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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

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Supervisor or HR Contact Name

Position Held

From

mm/dd/yyyy

To

mm/dd/yyyy

Reason for Leaving

Phone Number

Address

City, State, ZIP Code

Were you subject to the FMCSRs* while employed there? 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

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, or (2) is designed or used to transport nine or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placards.

EMPLOYMENT HISTORY

Please give a Complete Record of all employment for the past three years, including any unemployment or self employment, and all commercial driving experience for the past ten years.

Present or Former Employer

Supervisor or HR Contact Name

Position Held

From

mm/dd/yyyy

To

mm/dd/yyyy

Reason for Leaving

Phone Number

Address

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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

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From

mm/dd/yyyy

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Were you subject to the FMCSRs* while employed there? 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

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, or (2) is designed or used to transport nine or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placards.

Request for Driver's Safety Performance History Information

From DOT Regulated Previous Employer(s)

Di Pietro Trucking Co.

PO Box 5849

Kent, WA 98064-5849

Phone: (253) 872-5300



Neal Cronic

Safety Director

Fax (253) 872-5365

As a Federal Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Regulations (FMCSRs) Part 391.21, the following information will be requested from all employers for whom I have worked within the past 40 months. This information will be used to determine the right to re-employ me. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the Di Pietro Trucking Company.

Note: On the following form for driver's safety performance, please fill out only the entries that are indicated by the arrows. This allows us to use the form for more than one of your previous employers if needed.

I understand that per the Federal Motor Carrier Regulations (FMCSRs) Part 391.21, the following information will be requested from all employers for whom I have worked within the past 40 months. This information will be used to determine the right to re-employ me. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the Di Pietro Trucking Company.

I worked for this company from

to

MM / DD

Previous Employer

Contact Person

Mailing Address

Phone Number

City, State, Zip

FAX Number

Signature of Applicant

SSN or ID # Number

Today's Date MM / DD / YYYY

↓ Past Employer please complete this section ↓

Drug and Alcohol Information.

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on the above named applicant, please check here.

	YES	NO
1. Any alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any verified positive drug test?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any refusals to be tested (including verified adulterated or substituted drug test results)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have and subsequent violations for: and alcohol test result of 0.4 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)?	<input type="checkbox"/>	<input type="checkbox"/>
6. If "yes" to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.*	<input type="checkbox"/>	<input type="checkbox"/>

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Safety Director

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As a Commercial Motor Vehicle (CMV) Driver, I understand that per the Federal Motor Carrier Safety Regulations (FMCSRs) Part 391.21, the following information will be requested from all previous employers for which I operated a CMV, subject to the FMCSR Parts 390 and/or 40, 382 & 383, within the past ten years, from date shown below. I also acknowledge that this information will be used in determining my eligibility to be hired by the Di Pietro Trucking Co., that I have the right to review this information and rebut any errors in these statements from my prior employers, as described in the FMCSR Part 391.23.

I _____, hereby authorize this company to release all records of my job performance, ability and fitness, including dates of any and all alcohol or drug tests. Those confirmed results and or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of (SAP/MRO) to each and every company (or their authorized agents) which may request such information in connection with my application for employment with the Di Pietro Trucking Company. I hereby release this company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing information to the Di Pietro Trucking Company.

I worked for this company from _____

to

MM / DD / YYYY

MM / DD / YYYY

Previous Employer

Contact Person

Mailing Address

Phone Number

City, State, Zip

FAX Number

Signature of Applicant

SSN or ID & Number

Today's Date MM / DD / YYYY

↓ Past Employer please complete this section ↓

Drug and Alcohol Information.

Please provide the following drug and alcohol information as required by FMCSR Part 391.23 & 40.25.

If no drug and alcohol information is available on the above named applicant, please check here.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 7. Any alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any verified positive drug test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any refusals to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any other violations of DOT agency drug and alcohol testing regulations (Part 382 or Part 40)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. If this driver did successfully complete a SAP rehabilitation referral and remained in your employ, did he/she have and subsequent violations for: and alcohol test result of 0.4 or greater, a verified positive drug test or a refusal to test (including a verified adulterated/substituted drug test result)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. If "yes" to any of the above questions, please provide documentation of successful completion of a SAP evaluation, prescribed treatment and return-to-duty requirements (including follow-up tests) if they remained in your employ.* | <input type="checkbox"/> | <input type="checkbox"/> |