

SOUTHERN CAL TRANSPORT

SAFETY + SERVICE = SUCCESS

148 41st Avenue West
Birmingham, AL 35207

Toll Free: (800) 511-2027
Phone: (205) 322-9009
Fax: (205) 324-7906

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, or national origin

I. GENERAL

Please print plainly and complete ALL blank spaces

Recruiter: _____

		Tractor/Trailer Experience:		years	Date:	
Name:	First	Middle	Last		Home Phone: ()	
Current Address:	Number	Street	City	State	Zip	
Previous Address: (last 3 years)	Number	Street	City	State	Zip	
	Number	Street	City	State	Zip	

Are you over 23 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>	Social Security No.	Date of Birth
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Were you ever employed by Southern Cal? NO YES, Date: From: _____ TO _____

Emergency Contact:	Name	Address	City, State	Phone
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Personal References, Other Than Relative:

Name	Day Telephone No.
Name	Day Telephone No.
Name	Day Telephone No.

List ALL Driver Licenses/Permits Held Currently AND Previously

State	License Number	Type	Endorsements	Expiration Date

II. EMPLOYMENT RECORD

Begin with your present or most recent employer and work backward in order, listing all of your employers for the last 3 years. All time must be accounted for including military service. Self-employment, and periods of unemployment. **FEDERAL LAW requires ALL commercial tractor-trailer driving jobs in the last 10 years to be listed on your application. Failure to list driving employment will be in violation of federal law.** Use supplementary sheet if necessary.

Current or Most Recent Employer		Name		Supervisor	
Are You Presently Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			May We Contact Your Present Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Address	Street	City	State & Zip	Telephone	
Position	From	To		Rate of Pay	
<input type="checkbox"/> Semi Tractor Truck Operated	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Other	<input type="checkbox"/> Van	<input type="checkbox"/> Flat Trailer Pulled	<input type="checkbox"/> Reefer	<input type="checkbox"/> Tank Materials Hauled
Reason For Leaving	Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
No. of Accidents	Accident Details	Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Second Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position	From	To		Rate of Pay	
<input type="checkbox"/> Semi Tractor Truck Operated	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Other	<input type="checkbox"/> Van	<input type="checkbox"/> Flat Trailer Pulled	<input type="checkbox"/> Reefer	<input type="checkbox"/> Tank Materials Hauled
Reason For Leaving	Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
No. of Accidents	Accident Details	Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Third Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position	From	To		Rate of Pay	
<input type="checkbox"/> Semi Tractor Truck Operated	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Other	<input type="checkbox"/> Van	<input type="checkbox"/> Flat Trailer Pulled	<input type="checkbox"/> Reefer	<input type="checkbox"/> Tank Materials Hauled
Reason For Leaving	Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
No. of Accidents	Accident Details	Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Fourth Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position	From	To		Rate of Pay	
<input type="checkbox"/> Semi Tractor Truck Operated	<input type="checkbox"/> Straight Truck <input type="checkbox"/> Other	<input type="checkbox"/> Van	<input type="checkbox"/> Flat Trailer Pulled	<input type="checkbox"/> Reefer	<input type="checkbox"/> Tank Materials Hauled
Reason For Leaving	Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
No. of Accidents	Accident Details	Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>			

II (A). EMPLOYMENT RECORD SUPPLEMENTARY PAGE

Begin with your present or most recent employer and work backward in order, listing all of your employers for the last 3 years. All time must be accounted for including military service. Self-employment, and periods of unemployment. **FEDERAL LAW requires ALL commercial tractor-trailer driving jobs in the last 10 years to be listed on your application. Failure to list driving employment will be in violation of federal law.** Use supplementary sheet if necessary.

Fifth Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position		From	To		Rate of Pay
<input type="checkbox"/> Semi Tractor <input type="checkbox"/> Straight Truck Truck Operated		<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Tank Trailer Pulled		Materials Hauled	
Reason For Leaving		Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
No. of Accidents	Accident Details		Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Six Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position		From	To		Rate of Pay
<input type="checkbox"/> Semi Tractor <input type="checkbox"/> Straight Truck Truck Operated		<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Tank Trailer Pulled		Materials Hauled	
Reason For Leaving		Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
No. of Accidents	Accident Details		Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Seventh Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position		From	To		Rate of Pay
<input type="checkbox"/> Semi Tractor <input type="checkbox"/> Straight Truck Truck Operated		<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Tank Trailer Pulled		Materials Hauled	
Reason For Leaving		Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
No. of Accidents	Accident Details		Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Eight Last Employer		Name		Supervisor	
Address	Street	City	State & Zip	Telephone	
Position		From	To		Rate of Pay
<input type="checkbox"/> Semi Tractor <input type="checkbox"/> Straight Truck Truck Operated		<input type="checkbox"/> Van <input type="checkbox"/> Flat <input type="checkbox"/> Reefer <input type="checkbox"/> Tank Trailer Pulled		Materials Hauled	
Reason For Leaving		Mile Radius	No. of States	Were you subject to Federal Motor Carrier Safety Regulations at this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
No. of Accidents	Accident Details		Was this employment designated as a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substances testing requirements? YES <input type="checkbox"/> NO <input type="checkbox"/>		

III. DRIVING RECORD

List **ALL** traffic violations for which you have been convicted or forfeited bond or collateral in **the past 3 years**. (If none, write none)

Date	Location	Charge	Penalty

List and describe **ALL** accidents and cargo claims (**regardless of fault**) in **the past 3 years**. (If none, write none)

Date	Description of Accident or Cargo Claim	Were You Cited?	Any Injuries?	Any Fatalities?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Show special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

1) Have you **EVER** been convicted of a felony? (will not necessarily bar you from employment)

YES NO

2) Have you **EVER** been convicted of a misdemeanor? (will not necessarily bar you from employment)

YES NO

3) Have you **EVER** had a restricted license?

YES NO

4) Have you **EVER** been convicted of driving while intoxicated or refused to test?

YES NO

5) Have you **EVER** tested positive or refused to test on any DOT Drug or Alcohol test?

YES NO

6) Have you **EVER** been denied a license, permit, or privilege to operate a motor vehicle?

YES NO

7) Has your driver's license **EVER** been suspended for **ANY** reason?

YES NO

8) Has your driver's license **EVER** been suspended for **ANY** driving violations?

YES NO

If yes to any Questions, provide dates & details

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IV. EDUCATIONAL BACKGROUND

Type of School	Name, City, & State	Graduated	How many years attended?	Major
High School		<input type="checkbox"/> YES <input type="checkbox"/> NO		
College		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Bus. Or Trade		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Driving School		<input type="checkbox"/> YES <input type="checkbox"/> NO	Graduation Date: _____	

V. DRIVING EXPERIENCE

Materials Hauled?	Miles	Equipment You Have Experience With?	Miles
Refrigerated		Class A Tractor	
Flatbed		Straight Truck	
Tanker		Bus	
Dump Truck		Other	
Car Haulers			
Auto			
Van			
Other			

NOTICE: Title 15 of the U.S. Code, Section 1681 and following, require that we advise you that a routine inquiry may be made which will provide appropriate information regarding character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that this application will be accepted by the Company subject to the following conditions:

- 1) I voluntarily give the Company the right to conduct a complete background investigation and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or organizations supplying such information
- 2) I agree and understand that the information contained in this application will be used and that my prior employers will be contacted for purposes of investigation as required by the Federal Motor Carrier Safety Regulations - 391.11, 391.21, 391.23, 391.25, 391.27, 391.53, Title 49 Part 40 Subpart B, 40.25, and HM-232.
- 3) I agree to undergo any medical evaluation, including any blood, urine, saliva, or other drug screening test, as may be required by the Company. An offer of employment may be subject to revocation or my employment may be terminated for failure to meet any medical evaluation requirements, including drug screening, established by the Company.
- 4) I agree and understand that as a condition of employment, all CDL qualified drivers are subject to Drug/Alcohol testing as required by FMCSA regulations. This will include Pre-employment, Random, Post-Accident, and Reasonable Suspicion Testing.
- 5) I certify that all statements made in connection with my seeking employment at Southern Cal Transport, Inc., including statements on this application or any other document submitted as part of the employment process are true and are without any material misrepresentation or omission. I further understand and agree that any material misrepresentation or omission made by me on this application or any other document submitted as part of the employment process will be grounds for my immediate discharge or of termination of the application process.
- 6) I hereby agree that, if employed, I will not divulge any information confidential to this Company or any of its subsidiaries or affiliates while employed or at any time thereafter.

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.

Applicant's Signature _____

Date _____

AN EQUAL OPPORTUNITY EMPLOYER

SOUTHERN CAL TRANSPORT

SAFETY + SERVICE = SUCCESS

148 41st Avenue West, Birmingham, AL 35207

Phone: 800-598-4884

Fax: 205-324-7906

ATTN: Employment Verifications

Thank you, for assisting us in this Employment Verification and Reference Check!

Applicant's Name _____ Applicant's SSN _____

Previous Employer _____ Phone Number _____

Person Contacted _____ Fax Number _____

1. Was the applicant employed by your firm from _____ of _____ until _____ of _____? No ___ Yes ___

If not, when? _____ Employed in a Driving Position? No ___ Yes ___

2. Type of equipment operated? _____ Area operated in _____

3. How many preventable accidents? _____ DOT Recordable? _____ Non-preventable? _____

4. Reason for leaving _____ Eligible for rehire? _____

5. Any additional comments regarding performance or work attitude? _____

NAME OF PERSON PROVIDING INFORMATION: _____ TITLE: _____

Alcohol and Controlled Substance information requested in compliance with FMCSR 382.405 (F) and (H) which states:

(F)Records shall be made available to a subsequent employer upon receipt of a written request from a driver; disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(H)An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

Alcohol and Drug

Has applicant tested positive for a controlled substance? Yes _____ No _____ N/A _____

Has applicant tested positive for alcohol greater than 0.04BAC? Yes _____ No _____ N/A _____

Has applicant refused to be tested? Yes _____ No _____ N/A _____

Has applicant violated any other DOT drug & alcohol regulations? Yes _____ No _____ N/A _____

Was information received from previous employer(s) that applicant violated any DOT drug and alcohol regulations? Yes _____ No _____ N/A _____

If **YES** to any of the above questions, please give Substance Abuse Professional's Name, Address and Phone Number: _____

Alternate answers: No information is available for this applicant because:

> Did not participate in Drug and Alcohol testing _____

> Employment period is beyond three (3) years _____

> No records on file for this applicant _____

APPLICANT RELEASE: I hereby authorize release of this information, including pre-employment test.

Print Name _____ Signature _____