



DiCarlo Distributors, Inc.
1630 North Ocean Avenue
Holtsville, NY 11742
Phone: (631) 758-6000
Fax: (631) 758-6096

CDL DRIVER EMPLOYMENT APPLICATION

We thank you for your interest in becoming a Professional CDL Driver at DiCarlo Distributors, Inc.

The following criteria must be met to become our Professional CDL Driver.

Required documents:

- ❑ Must have a valid and clean CDL license
- ❑ Must have a current DOT medical card
- ❑ If your license was issued after 7/19/03 you must have an entry level training certificate issued by a driving school

Required assessments prior to job offer:

- ❑ Driver's written test
- ❑ Driver's road test
- ❑ Background check (driving, credit, criminal) will be completed
- ❑ Pre-employment drug test must be taken within 1 day of interview
- ❑ Prior employment will be verified

Please note: This application must be completed in full.



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We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status. *Note: Please advise us if you need any type of special accommodation to complete this application form.*

PLEASE PRINT

Position(s) Applying For:	Date of Application:
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How did you learn about the company? (*Circle one*)

Advertisement	Friend	Relative	Walk-in	Inquiry
Recruiting Firm	Current Employee	Other: _____		

Last Name	First Name	Middle Name
Address:		
Number _____ Street _____		
City _____ State _____ Zip Code _____		
Telephone Number(s) where we can contact you:		
Home: (____) _____ Cell Phone: (____) _____		
Work: (____) _____ May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Best time to contact you at home: _____		

Have you ever submitted an application with the company before?	<input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> No
Have you ever been employed with our company before?	<input type="checkbox"/> Yes (date) _____ <input type="checkbox"/> No
Are you legally qualified to work in the United States? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your minimum salary requirement?	On what date would you be available for work?

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma		Yes No	Yes No	Yes No	

MOTOR VEHICLE REPORT AUTHORIZATION

Print Name

	Hereby authorizes DiCarlo Distributors and its designated agents and representatives to generate a copy of my Motor Vehicle Report for inspection, prior to conducting a Commercial Road Test as part of my interview process.
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Signature

Date

HISTORY OF EMPLOYMENT - DOT Regulations require that commercial motor vehicle operators applying for employment must provide at least ten years prior employment history (use additional sheets if necessary)

1. Employer	Dates Employed		Your Job Title		
Address	From	To	Was a CDL License Required?	Yes	No
Telephone Number(s)	Base Pay				
Supervisor's Name	Start Pay	Final Pay			
Reason for Leaving					

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? • **Yes** • **No**

Was the previous job position designated a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? • **Yes** • **No**

2. Employer	Dates Employed		Your Job Title		
Address	From	To	Was a CDL License Required?	Yes	No
Telephone Number(s)	Base Pay				
Supervisor's Name	Start Pay	Final Pay			
Reason for Leaving					

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? • **Yes** • **No**

Was the previous job position designated a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? • **Yes** • **No**

3. Employer	Dates Employed		Your Job Title		
Address	From	To	Was a CDL License Required?	Yes	No
Telephone Number(s)	Base Pay				
Supervisor's Name	Start Pay	Final Pay			
Reason for Leaving					

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? • **Yes** • **No**

Was the previous job position designated a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? • **Yes** • **No**

4. Employer	Dates Employed		Your Job Title		
Address	From	To	Was a CDL License Required?	Yes	No
Telephone Number(s)	Base Pay				
Supervisor's Name	Start Pay	Final Pay			
Reason for Leaving					

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? • **Yes** • **No**

Was the previous job position designated a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? • **Yes** • **No**

REFERENCES

Give name, address, and telephone number of two business references that are not related to you.

1. _____

2. _____

AUTO AND/OR CHAUFFEUR'S LICENSES - DOT Regulations specify that it shall be illegal for a commercial motor vehicle operator to have more than one driver's license. Exception until Dec. 31,1989 if state law requires. **You must list ALL LICENSES held by you within the past 3 years.**

License #	Type	State	Expiration Date

LICENSE REVOCATION, SUSPENSION, CANCELLATION - DOT Regulations require commercial motor vehicle operators to notify their employers if their driver's license has been suspended, revoked or cancelled, or if they are disqualified.

Has your privilege to operate a motor vehicle ever been suspended, revoked, withdrawn or denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain in detail:	
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.	

EXPERIENCE

TYPE OF EQUIPMENT	NUMBER OF YEARS	APPROXIMATE MILES

List the states you have regularly driven in.

TRAFFIC VIOLATION CONVICTIONS - DOT Regulations require commercial motor vehicle operators to report convictions of state violations to their state licensure and to their employers. List all traffic violation convictions, other than parking, within the past three years.

DATE	CHARGE	TOWN & STATE

ACCIDENTS – List all motor vehicle accidents, chargeable or non-chargeable, in which you were involved within the past three years. Failure to disclose information may result in termination.

DATE	CHARGE	TOWN & STATE

CONVICTION INVOLVING USE OF MOTOR VEHICLE

Have you ever been convicted of, or forfeited bond or collateral for any of the following charges?

1. A felony committed after December 31, 1970, and involving the use of a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. A crime, committed after December 31, 1970, involving the manufacturing, knowing transportation, knowing possession, sale or habitual use of amphetamines, a narcotic drug, a formulation of an amphetamine, or a Derivative of a narcotic drug?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Operating a motor vehicle, after December 31, 1970, under the influence of alcohol, an amphetamine, a narcotic drug, a formulation of an amphetamine, or a derivative of a narcotic drug.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Leaving the scene of an accident after December 31, 1970, if the accident resulted in personal injury or death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Any other motor vehicle law violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer to any of the above is YES, explain in detail, giving dates, etc.

DRIVER QUESTIONNAIRE

Please print

NAME: _____ **DATE:** _____

PREVIOUS EMPLOYMENT *(check one)*

	No	Yes	Number of years
Food distribution experience			
Delivery experience			
Tri-state delivery experience			

LICENSE *(Circle one)* **Class A** **Class B**

How many years have you had your licenses? **A** _____ **B** _____

ENDORSEMENTS *(check one)*

	No	Yes	Number of years
Double/Triple Trailer			
Passenger			
Tank			
Hazardous Material			

AREA KNOWLEDGE

What geographical areas are you familiar with? Circle a number for each area.
1 = no knowledge of the area through X = expert knowledge of the area

Suffolk County	1	2	3	4	5	6	7	8	X
Nassau County	1	2	3	4	5	6	7	8	X
Queens	1	2	3	4	5	6	7	8	X
Brooklyn	1	2	3	4	5	6	7	8	X
New York City	1	2	3	4	5	6	7	8	X
New Jersey	1	2	3	4	5	6	7	8	X
Upstate New York	1	2	3	4	5	6	7	8	X
Connecticut	1	2	3	4	5	6	7	8	X

In which of these geographical areas do you have delivery experience?

PAST VIOLATIONS *Circle appropriate response(s)*

Speeding Accidents Revoked License Suspension None

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date



DiCarlo Distributors is a
DRUG FREE WORKPLACE

**EVERYONE MUST PASS A
DRUG TEST TO WORK HERE**

If you are using illegal drugs
Please do not apply...