



DiCarlo Distributors, Inc.
Corporate Office:
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.

*****Please note*****

Only the Driver Applicant may complete this application.

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

Required DOT 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 a valid entry level training certificate
- Must complete our DOT Application in full
- Must complete 10-year employment history listed in this application

Required assessments prior to job offer:

- Driver's road test
- Background check (driving, credit, criminal) will be completed
- Pre-employment drug test must be completed immediately when instructed
- Prior employment will be verified



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CDL DRIVER EMPLOYMENT APPLICATION

Location (✓): New York New Jersey

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
Current Address: _____		
Number	Street	City State Zip Code
Past 3 Year Residency _____		
Number	Street	City State Zip Code
Number	Street	City State Zip Code
Number	Street	City State Zip Code

Telephone Number(s) where we can contact you:

Home: (____) _____ Best time to contact you at home: _____

Cell Phone: (____) _____

Work: (____) _____ May we call you at work? Yes No

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? (Proof of citizenship or immigration status will be required upon employment.)	<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	

HISTORY OF EMPLOYMENT

Federal Motor Carrier Safety Regulations require driver applicants to provide a **Ten Year Prior Employment History**, if necessary, use the back of this page to continue.

1. Employer		Dates Employed		Your Job Title	
Address		From	To	Was a CDL License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 10,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 26,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number(s)				Transport 16 or more Passengers, including the Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport Hazardous Materials requiring placards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name					
Reason for Leaving				Other Duties Performed:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ACCOUNT FOR PERIOD BETWEEN JOBS (Include Month/Year and Reason)					
2. Employer		Dates Employed		Your Job Title	
Address		From	To	Was a CDL License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 10,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 26,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number(s)				Transport 16 or more Passengers, including the Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport Hazardous Materials requiring placards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name					
Reason for Leaving				Other Duties Performed:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ACCOUNT FOR PERIOD BETWEEN JOBS (Include Month/Year and Reason)					
3. Employer		Dates Employed		Your Job Title	
Address		From	To	Was a CDL License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 10,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 26,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone Number(s)				Transport 16 or more Passengers, including the Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport Hazardous Materials requiring placards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name					
Reason for Leaving				Other Duties Performed:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ACCOUNT FOR PERIOD BETWEEN JOBS (Include Month/Year and Reason)					

4. Employer	Dates Employed		Your Job Title
Address	From	To	Was a CDL License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 10,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 26,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport 16 or more Passengers, including the Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport Hazardous Materials requiring placards? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Duties Performed:
Telephone Number(s)			
Supervisor's Name			
Reason for Leaving			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ACCOUNT FOR PERIOD BETWEEN JOBS (Include Month/Year and Reason)	
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5. Employer	Dates Employed		Your Job Title
Address	From	To	Was a CDL License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 10,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Did You Drive Vehicles > 26,000 lbs? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport 16 or more Passengers, including the Driver? <input type="checkbox"/> Yes <input type="checkbox"/> No Transport Hazardous Materials requiring placards? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Duties Performed:
Telephone Number(s)			
Supervisor's Name			
Reason for Leaving			

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ACCOUNT FOR PERIOD BETWEEN JOBS (Include Month/Year and Reason)	
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REFERENCES

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

1. _____

2. _____

MOTOR VEHICLE LICENSE INFORMATION

Section 383.21 FMCSR states "no person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that the license information below is the only motor vehicle license I have at this time.

State	License Number	Class	Expiration Date
If you have had a license in any other state within the last three years, place the license information below.			
License #	Type	State	Date Surrendered
Has your license been suspended, revoked, withdrawn or denied within the last 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain in detail:			
Do you have a Entry-Level Driver Training Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TRAFFIC VIOLATION CONVICTIONS

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	CHARGEABLE? Yes or No	TOWN/STATE	# OF FATALITIES	# OF INJURIES	HAZMAT SPILL? Yes or No

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 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

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

PREVIOUS PRE-EMPLOYMENT EMPLOYER ALCOHOL AND DRUG TEST STATEMENT

In compliance with FMCSR Section 40.25, 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 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPERIENCE

If you have not had CDL driving experience within the last 3 years - check here

Class of Equipment (√)	Yes	NO	#OF YEARS	Automatic (√)	Manual (√)	# Miles
CDL Straight Truck						
Tractor-Trailer						
Tractor - Two Trailers						
Van						
Other:						

INDUSTRY EXPERIENCE

Experience	Yes	NO	# OF YEARS	Type of Work Description
Delivery				
Food Industry				

GEOGRAPHICAL AREA KNOWLEDGE

Check (√) the boxes that indicates your CDL driving expertise in the following locations

Location	None	Basic	Expert	Exp was with CDL truck	Location	None	Basic	Expert	Exp was with CDL truck
Long Island					Manhattan				
Queens					Connecticut				
Brooklyn					New Jersey				
Bronx					Pennsylvania				
Staten Island									

DRIVER CERTIFICATION

Please print

NAME: _____ **DATE:** _____

I certify that this application was completed by me, and 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 understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I hereby authorize 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.

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 an 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 an authorized executive of this organization specifically acknowledges such change in writing.

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...***