

# DRIVER'S DOT APPLICATION FOR EMPLOYMENT

COMPANY DICARLO DISTRIBUTORS INC

ADDRESS 1630 N. OCEAN AVE

CITY HOLTSVILLE STATE: NY ZIP: 11742

(PLEASE PRINT & ANSWER "ALL" QUESTIONS)

Date of Hire \_\_\_\_\_

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

DATE OF APPLICATION \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

POSITION (S) APPLIED FOR \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MI

LIST YOUR PLACE OF RESIDENCY FOR THE PAST THREE YEARS:

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE & ZIP

HOW LONG? \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

PREVIOUS ADDRESSES IF LESS THAN THREE (3) YEARS:

\_\_\_\_\_  
STREET CITY STATE & ZIP

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CAN YOU PROVIDE PROOF OF AGE? \_\_\_\_\_

WHO REFERRED YOU TO US? \_\_\_\_\_

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF NOT, HOW LONG SINCE LAST EMPLOYMENT \_\_\_\_\_

## PHYSICAL HISTORY

DO YOU HAVE ANY PHYSICAL CONDITION OR HANDICAP WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB APPLIED FOR? \_\_\_\_\_

ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK? \_\_\_\_\_

WERE YOU EVER INJURED ON THE JOB? \_\_\_\_\_ IF YES, GIVE AN EXPLANATION \_\_\_\_\_

HOW MUCH TIME WAS LOST FROM WORK IN THE PAST THREE YEARS FOR ILLNESS? \_\_\_\_\_

WOULD YOU BE WILLING TO TAKE A PHYSICAL EXAMINATION? \_\_\_\_\_

## **EMPLOYMENT HISTORY – Must List “TEN” (10) Years**

All driver applicants who drive in **INTRASTATE or INTERSTATE** Commerce must provide the following information on all employers during the preceding **THREE (3) YEARS**.

Applicants who drive a commercial motor vehicle\* (having a **GVWR of 26,001 or more**, vehicles designed to **transport 15 or more passengers**, or any size vehicle used to transport **hazardous materials in a quantity requiring placarding**.) In **INTRASTATE or INTERSTATE** commerce shall also provide **ADDITIONAL SEVEN (7) YEARS** information on those employers for whom the applicant has operated such a vehicle.

**(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary)**

<u>EMPLOYER</u>	<u>DATE</u>
NAME _____	From _____ To _____
ADDRESS _____	Position Held _____
CITY _____ STATE _____ ZIP _____	Reason for leaving _____
CONTACT PERSON _____ PHONE # _____	
Were you subject to the FMCSR's **while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a Safety-Sensitive Function in any DOT Regulated capacity?	
Were you subject to the Drug & Alcohol* testing requirements of 49CFR Part 40?	
NAME _____	From _____ To _____
ADDRESS _____	Position Held _____
CITY _____ STATE _____ ZIP _____	Reason for leaving _____
CONTACT PERSON _____ PHONE # _____	
Were you subject to the FMCSR's *while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a Safety-Sensitive Function in any DOT Regulated capacity?	
Were you subject to the Drug & Alcohol* testing requirements of 49CFR Part 40?	
NAME _____	From _____ To _____
ADDRESS _____	Position Held _____
CITY _____ STATE _____ ZIP _____	Reason for leaving _____
CONTACT PERSON _____ PHONE # _____	
Were you subject to the FMCSR's *while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a Safety-Sensitive Function in any DOT Regulated capacity?	
Were you subject to the Drug & Alcohol* testing requirements of 49CFR Part 40?	
NAME _____	From _____ To _____
ADDRESS _____	Position Held _____
CITY _____ STATE _____ ZIP _____	Reason for leaving _____
CONTACT PERSON _____ PHONE # _____	
Were you subject to the FMCSR's *while employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was your job designated as a Safety-Sensitive Function in any DOT Regulated capacity?	
Were you subject to the Drug & Alcohol* testing requirements of 49CFR Part 40?	

\*Includes vehicles having a GVWR of 26,001lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

\*\*The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD FOR PAST "3 YEARS" OR MORE  
(ATTACH A SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE "PAST 3 YEARS" (Other than parking violations)**

LOCATION	DATE	CHARGE	PENALTY

**EDUCATION**

**SELECT HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 9 10 11 12 COLLEGE: 1 2 3**

**Last School Attended: \_\_\_\_\_**

**NAME**

**CITY**

**STATE or COUNTRY**

**DRIVER LICENSE INFORMATION**

STATE	LICENSE #	CLASS	EXPIRATION DATE	ENDORSEMENTS	RESTRICTIONS

**A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_**

**B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_**

***IF THE ANSWER TO EITHER QUESTION IS YES PLEASE ATTACH STATEMENT OF DETAILS***  
**DRIVING EXPERIENCE**

TYPES OF EQUIPMENT DRIVEN IN THE PAST	DATES		LIST STATES TRAVELED
	FROM	TO	

**Have you taken any Special Courses, Training, or Safe Driving Awards that will help you as a driver? (Ex: Defensive Driving) LIST ALL: \_\_\_\_\_**

**List any Special Equipment or Technical Materials you know how to work with: (Ex: Fork Lift) \_\_\_\_\_**

# **TO BE READ AND SIGNED BY APPLICANT**

*This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.*

I authorize you to make such investigations and inquiry about my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other such persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

*I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR391.23(d) and €. 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 PREVIOUS 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.

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**Applicants Signature**

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**Date**

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## **OFFICE USE ONLY FOR PROCESSING**

APPLICANT HIRED: \_\_\_\_\_

REJECTED: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_

POSITION OR DEPARTMENT: \_\_\_\_\_

REASON HIRED OR REJECTED: \_\_\_\_\_

SIGNATURE OF INTERVIEWING OFFICER: \_\_\_\_\_

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## **TERMINATION OF EMPLOYMENT**

DATE TERMINATED: \_\_\_\_\_ RELEASED FROM: \_\_\_\_\_

DISMISSED: \_\_\_\_\_ VOLUNTARILY QUIT: \_\_\_\_\_ OTHER: \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

**Print Name**

**Signature**



**TRANSPORTATION COMPLIANCE Co., Inc.\*TRANSCOM®**  
2945 Sunrise Hwy, Islip Terrace, NY 11752 (631) 277-3456

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