



PO Box 276 Annapolis Junction, MD 20701/301-497-4111/ 301-497-4114 fax

APPLICATION FOR EMPLOYMENT

Name _____ Social Security No. _____

Last First Middle

Date of Birth ____/____/____ Telephone Number _____ email address _____

Previous three years residency _____

_____ # years _____

Street City State and Zip code

_____ # years _____

Street City State and Zip code

_____ # years _____

Street City State and Zip code

Employment History

(Must provide 10 years work experience)

License information in past 3 years:

<i>Driver license or permits held in the past 3 years</i>	<i>State</i>	<i>License no.</i>	<i>Class</i>	<i>Endorsements</i>	<i>Expiration date</i>

Driving Experience

<i>Class of equipment</i>	<i>Type of equipment</i>	<i>Dates</i>		<i>Approximate No. of miles</i>
		<i>To</i>	<i>From</i>	
<i>Straight truck</i>				
<i>Tractor and semi tractor</i>				
<i>Dump truck</i>				
<i>Bus</i>				
<i>other</i>				

Accident Record(Past 3 years)

<i>Dates</i>	<i>Nature of Accident</i>	<i>Fatalities</i>	<i>Injuries</i>	<i>Hazardous Material spill Y/N</i>

Traffic Convictions(last 3 years excluding parking violation if none write none)

<i>Location</i>	<i>Date</i>	<i>Charge</i>	<i>Penalty</i>

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ NO _____

If yes explain _____

Employment History

EMPLOYER			DATE	
NAME	FROM		TO	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED Yes _____ NO _____				
Was your job designated as a safety sensitive function in any dot regulated mode subject to the drug and alcohol testing requirement \s of 49 cfr part 40? Yes___ no_____				
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NAME	FROM		TO	
ADDRESS			POSITION HELD	
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TO BE READ AND SIGNED BY APPLICANT

I authorize Alfredo Trucking to make sure investigations and inquiries to my personnel, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other 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 may result in discharge. I understand, also that I am required to abide by all rules and regulations of Alfredo Trucking, Inc. I understand that information I provide regarding current and or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

Date

Applicants signature

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.



Alfredo Trucking, Inc. PO Box 276 Annapolis Junction, MD 20701

REQUEST FOR DRUG AND OR ALCOHOL TESTING RESULTS
CDL Drivers only – Previous 3 Years Only

Date: _____
Attn: Personnel Department

From: Alfredo Trucking
Fax: 301-497-4114

_____, authorize the release of the following information to Alfredo Trucking,
(Please Print Name)

Applicants signature _____ Social Security Number: _____

Applicant: please do not write below this line.

As required by 49 CFR §391.23 please mail or fax the following information regarding the applicant listed above within 30 day to Alfredo Trucking, Inc. at 301-497-4114. **Failure to furnish minimum information as required by 49 CFR §391.23 is a violation of US DOT regulations and may result in fines and /or civil liability.**

Please Circle Yes, No or Not Applicable in answer to the following questions:

While employed by your company, did this individual participate in a drug/alcohol testing program?	Yes	No	
While employed by your company, did this individual violate any controlled substance or alcohol prohibitions of the Federal Motor Carrier Safety Regulations?	Yes	No	
While employed by your company, did this individual fail to undertake or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)	Yes	No	Not Applicable
If the driver successfully completed a SAP rehabilitation program and remained in your employ, did the driver have any of the following testing violations once completing the program? <ul style="list-style-type: none"> ▪ Refusal to be tested ▪ Verified positive test for controlled substances ▪ Alcohol test of at least 0.04 or higher 	Yes	No	Not Applicable

Comments:

Company Name: _____

Company Address: _____

Print Your Name: _____ Date: _____

Authorized Signature: _____



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