# **Application for Seasonal Driver**



2019

### 5000 East Fremont Street Stockton, California 95215 Ph. (209) 943-5055 (800) 696-4007

## An Equal Opportunity Employer

#### YOU MUST PROVIDE A CURRENT H-6 (10 YEAR) DMV PRINT OUT.

The information you provided in this application may be used and the previous employers identified will be contacted for the purposes of investigating your safety performance history as required by subsections (d) and (e) of section 391.23 of the Code of Federal Regulations. With respect to the investigative information that will be provided, you have the right to review information provided by previous employers; the right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to us; and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and you cannot agree on the accuracy of the information. If you wish to review previous employer-provided investigative information, you must submit a written request to us. This may be done at any time including when applying or as late as 30 days after being employed or being notified of denial of employment. We will provide that information within 5 business days of receiving the written request. If we have not yet received the requested information from the previous employer(s), then the five-business day's deadline will begin when we receive the requested safety performance history information. If you have not arranged to pick up or receive the requested records within 30 days of our making them available, we may consider that you have waived your request to review the records.

First	Middle	Last		
Date of Birth		Social Security #	<del>-</del>	
Physical Address:	Street	City	State	Zip
		,	State	ΔΙΡ
P.O. Box:				
·	esidences for the past t	hree years. Attach a separat	e sheet if necessa	ry.
Cell ( )		Alternate # ( )		
n Case of Emergency No	otify	Phon	e ()	
	Name			
	Street orked for Panella Truc	City		te Zip
tave vou ever wo		<u> </u>		
-	employment: From:		To:	
f so, list dates of e	. 5			

#### **EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations ("FMCSR") (49 C.F.R. § 391.21) require that all applicants wishing to operate a commercial motor vehicle list all employment for the last three (3) years. In addition, if you are applying to operate a commercial motor vehicle, **you must provide employment history for a total of ten (10) years**. Any gaps in employment must be explained. Use additional sheets if necessary.

	CURRENT OR PREVIOUS EMP	LOYER		DATES	S (Mo. /Yr.)
COMPANY NAME		-		FROM	ТО
ADDRESS				POSITIONHELD	
CITY	STATE	ZIP			
CONTACT PERSON	Pl	HONE NUMBER		REASONFOR LEAV	VING
requirements of 49 CFR Part 40	afety-sensitive function in any DOT-regul? [] Yes [] No leral Motor Carrier Safety Regulatio	•	_	ohol testing No	
	PREVIOUS EMPLOYER			DATES	6 (Mo. /Yr.)
COMPANY NAME				FROM	То
ADDRESS				POSITION HELD	
CITY	STATE	ZIP			
CONTACT PERSON	Pł	HONE NUMBER		REASON FOR LEAV	/ING
requirements of 49 CFR Part 40	afety-sensitive function in any DOT-regulary.    Previous EMPLOYER   PREVIOUS EMPLOYER	ns while employed? [	_	No	S(Mo. /Yr.)
COMPANY NAME	PREVIOUS EMPLOTER	(		FROM	<del>``</del>
COMPANY NAME		-		POSITION HELD	Тто
ADDRESS	07.77	710			
CITY	STATE	ZIP		REASON FOR LEAV	/ING
CONTACT PERSON		HONE NUMBER		a baltantina	
requirements of 49 CFR Part 40	afety-sensitive function in any DOT-regu  ? []Yes []No  eral Motor Carrier Safety Regulatio	•	_	No No	
vere you subject to the rea	PREVIOUS EMPLOYER		]103 []		6 (Mo. /Yr.)
COMPANY NAME				FROM	ТО
ADDRESS				POSITION HELD	
CITY	STATE	ZIP			
CONTACT PERSON	Ph	HONE NUMBER		REASON FOR LEAV	'ING
requirements of 49 CFR Part 40	afety-sensitive function in any DOT-regu	ulated mode subject to th	· ·		
were you subject to the rea	PREVIOUS EMPLOYER		j res [ ]	No DATES	S(Mo. /Yr.)
COMPANY NAME				FROM	то
ADDRESS				POSITIONHELD	
CITY	STATE	ZIP			
CONTACTPERSON		HONE NUMBER		REASON FORLEAV	ING
Was your job designated as a sa requirements of 49 CFR Part 40	afety-sensitive function in any DOT-regu	ılated mode subject to th	· ·	ohol testing  No	
DRIVING SCHOOL					
ADDRESS					
CITY	STATE	ZIP	Year _		

		/ I	iiviiege to operate a	IIIOIOI V	ehicle	Have you ever been denied a license, permit or privilege to operate a motor vehicle?				
Haveyoueverbeendisqu	ermit or priv	las any driving license, permit or privilege ever been suspended or revoked?						YES	NO	
•	Haveyoueverbeendisqualifiedforviolationsofthe				neFederalMotorCarrierSafetyRegulations?				NO	
If you checked YES to an	y question a	above, expla	iin indetail here:							
			DRIVING EXPERII		1					
	CLASS OF EQUIPMENT			TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) FF		DATES FROM TO		APPROX.NO.OF MILES CTOTAL)		
STRAIGHT TRUCK										
TRACTOR AND SEMI-	TRAILER									
TRACTOR - TWO TRAI	LERS									
OTHER										
ACCIDENT	RECORD I	FOR PAST 3	YEARS OR MORE (A	\TTACH	SHEE	TIFM	ORESPACE IS N	EEDED)		
DATES	(HEA		FACCIDENT -END, UPSET, ETC.)		NUMBER FATALITIES		NUMBER · INJURIES	CHEMICAL SPILLS		
								YES	NO	
								YES	NO	
								YES	NO	
	CTIONS AND	FORFEITUR	RES FOR THE PAST	3 YEAR	S (OT	HER T	HAN PARKING	VIOLATIO	NS)	
DATE CONVICTED (month / year)	VIOLATION		STATE OF VIOLATION LOCATION		DN	PENALTY (forfeited bond, collateral and/or paints)			or paints)	
	State	Type/Class	License	Number		+	Expiration Date			
				r	: _ 1 33	(2% 5 4				
<u>D</u>	RIVER'S	LICENSES	IN THE LAST	YEAR	rs, in	CLU	DING CURRE	ENT		