



1TEEM TRANSPORTERS, LLC

35124 HEISKELL DR. RAYMOND, CA 93653
 PH: 1-559-387-5523 email: contact@1teemtransporters.com
 An Equal Opportunity Employer

DRIVER EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Please complete all items

FULL NAME _____
LAST FIRST MIDDLE SUFFIX

PHONE _____ EMAIL _____

DATE OF APPLICATION _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

POSITION APPLYING FOR: _____ DATE AVAILABLE FOR WORK _____

PREVIOUS THREE YEARS RESIDENCY

Attach additional sheet if more space is needed

ADDRESS	STREET	CITY	STATE	ZIP CODE	#YEARS AT ADDRESS
CURRENT PHYSICAL ADDRESS					
MAILING ADDRESS IF DIFFERENT					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. **Include all licenses held for the past 3 years; attach additional sheet if needed.**

STATE	LICENSE# / EXPIRATION DATE	TYPE/CLASS	ENDORSEMENTS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, BOX, FLATBED, ECT)	DATE FROM	DATE TO	APPROXIMATE TOTAL MILEAGE

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. If N/A please write NONE.

DATES (LIST MOST RECENT FIRST)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	#FATALITIES	#INJURIES	CHEMICAL SPILLS Y/N

TRAFFIC CONVICTION AND FORFEITURE FOR THE PAST THREE YEARS

-OTHER THAN PARKING VIOLATIONS -

Attach additional sheet if more space is needed. If N/A please write NONE.

DATE CONVICTED (MONTH/YEAR)	VIOLATION	STATE OF VIOLATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES_____ NO_____

If YES, explain:

Has any license, permit, or privilege been suspended or revoked? YES_____ NO_____

If YES, explain:

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment history in excess of one month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach a separate sheet if necessary). You are required to list the complete mailing address, including street number, city, state, zip code; and complete all other information.

CURRENT EMPLOYER (most recent)

NAME ADDRESS PHONE

POSITION HELD FROM(MO/YR) TO(MO/YR)

REASON FOR LEAVING SALARY

EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MO/YR & REASON)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

SECOND (most recent) EMPLOYER

NAME ADDRESS PHONE

POSITION HELD FROM(MO/YR) TO(MO/YR)

REASON FOR LEAVING SALARY

EXPLAIN ANY GAPS IN EMPLOYMENT (INCLUDE MO/YR & REASON)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES NO

EMPLOYMENT HISTORY
continued

THIRD (most recent) EMPLOYER

NAME _____ ADDRESS _____ PHONE _____

POSITION HELD _____ FROM(MO/YR) _____ TO(MO/YR) _____

REASON FOR LEAVING _____ SALARY _____

EXPLAIN ANY GAPS IN EMPLOYMENT _____
(INCLUDE MO/YR & REASON)

While employed here, were you subject to the Federal Motor Carrier Safety Regulations? _____ YES _____ NO

Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? _____ YES _____ NO

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	DETAILS
HIGH SCHOOL				Y / N	
COLLEGE				Y / N	
OTHER				Y / N	

OTHER QUALIFICATIONS

Please list/Explain any other qualifications that you have and which you believe should be considered.

MILITARY SERVICE

BRANCH _____ FROM _____ TO _____

MILITARY OCCUPATION / SPECIALTY _____

DATE DISCHARGED _____ RANK _____

TYPE OF DISCHARGE _____

If other than honorable, please explain. Use additional sheet if needed.

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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(s) may result in discharge. I also understand that I am required to abide by all rules, regulations, Standard Operating Procedures and established Policies of 1TEEM TRANSPORTERS, LLC.

I understand that the information I provide regarding my current and/or previous employers may be used, and those employer(s) all be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to the following:

- Review information provided by current / previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to my 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.

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. NOTE: A motor carrier may require an applicant to provide more information than is required by the Federal Motor Carrier Safety Regulations.

APPLICANT SIGNATURE	_____ DATE _____
APPLICANT NAME (PRINTED)	