

DOT-LINE TRANSPORTATION, INC. MINIMUM QUALIFICATIONS

The following is a list of general minimum qualifications required by Dot-Line Transportation, Inc. Please read this carefully and sign in the space provided at the bottom of the page before proceeding with the application. If you do not meet the minimum requirements stated below, return the application and talk to the Safety department about alternatives.

***If you meet the following requirements, we will conduct an in-depth review of your background, experience and safety record. If you qualify, you will be scheduled for an interview, road test and drug test.*

1. You MUST provide a CURRENT CDL driver's license Class A with H & T endorsements, or Class B with H endorsement.
2. You can only have one driver's license and it MUST be from the state of your residence.
3. You MUST provide a CURRENT (within the past 10 days) MVR.
4. You MUST provide a CURRENT long form physical and medical card.
5. You MUST provide a Social Security Card.
6. You MUST have at least 2 years previous CDL driving experience.
7. You MUST have not had a DUI, DWAI, OPEN CONTAINER, or DRUG CONVICTION, or any now pending.
8. You MUST have not failed ANY prior drug or alcohol test.
9. You MUST have not had ANY major chargeable accidents in the past three years while driving as a professional driver. ALL accidents must be explained in detail.
10. You MUST have not had ANY suspensions or serious moving violations: speeding (exceeding 10 MPH over posted limit), careless or reckless driving in the past three years.
11. The application packet MUST be filled out completely; addresses, phone numbers, previous employers, dates of employment and experience.
12. You MUST show a ten-year VERIFIABLE history with no employment gaps. You MUST provide unemployment, W-2 forms for ALL self-employment, DD214 forms for all military service, and ANY school time MUST be shown on the application.
13. You must be at least 23 years old.
14. Drivers over 65 years old must pass the DOT physical and eye exam annually.
15. If you are accepted for employment, prospective employees will be required to provide a urine sample to the clinic of our choice to be used for our federally mandated Drug Screening program. All new employees are required to pass this drug screening prior to being employed.

I, _____ the undersigned, meet all of the above minimum requirements and further agree to abide by ALL company policies and Department of Transportation regulations. I understand that any falsification or misrepresentation on this application will result in immediate termination.

Applicant's Signature: _____ Date: _____

DOT-LINE TRANSPORTATION, INC. -- MINIMUM QUALIFICATIONS

Main Office: Street
Fountain Valley, CA 92728-8739
1-800-423-3780 or 323-780-9010

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, age, marital status or non-job-related injury.

***To be considered for a position, you MUST fill this application out completely. Please print.**

Position Applied For: _____ Date of Application: _____

Name: _____ SS#: _____
(Last) (First) (Middle)

List your addresses of residency for the past 3 years:

Current Address: _____
(Street) (City)

(State) (Zip Code) (Phone) (How Long)

Previous Address: _____
(Street) (City)

(State) (Zip Code) (Phone) (How Long)

(Street) (City)

(State) (Zip Code) (Phone) (How Long)

Do you have the legal right to work in the United States? _____

Date of Birth: _____ Can you provide proof of age? _____
(Required For Truck Drivers)

Have you worked for this company before? _____ If yes, where? _____

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Are you currently employed? _____ If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected: _____

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Is there any reason that you might be unable to perform the daily functions of the job for which you have applied?
If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applicants must provide the following information on all employers during the preceding 10 years. **List employers in reverse order starting with the most recent. Add another sheet if necessary. You must have this filled out completely: employer name, complete mailing address, phone numbers, position held, dates of employment, wage and reason for leaving.**

Name:		
Address:		
City:	State:	Zip:
Contact:	Phone#:	
Position Held:	From: / /	To: / /
Salary/Wage:		
Reason for Leaving:		

Name:		
Address:		
City:	State:	Zip:
Contact:	Phone#:	
Position Held:	From: / /	To: / /
Salary/Wage:		
Reason for Leaving:		

Name:		
Address:		
City:	State:	Zip:
Contact:	Phone#:	
Position Held:	From: / /	To: / /
Salary/Wage:		
Reason for Leaving:		

Name:		
Address:		
City:	State:	Zip:
Contact:	Phone#:	
Position Held:	From: / /	To: / /
Salary/Wage:		
Reason for Leaving:		

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding. Accident record for the past 3 years (add another sheet if necessary). I none, write NONE.

Date	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last accident			
Next previous			
Next previous			
Next previous			

Traffic convictions/forfeitures for the past 3 years (other than parking violations). If none, write NONE.

Location	Date	Charge	Penalty

Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
(Name) (Address)

Experience and Qualifications - Driver

Driver's Licenses	State	License #	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

* If the answer to either A or B is yes, give details: _____

Driving Experience. If none, write NONE.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

List states operated in during the past 5 years: _____

List any special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Experience and Qualifications - Other

List any trucking, transportation or other experience that may help in your work for this company: _____

List any special equipment or technical materials you can work with: _____

Applicant Must Read and Sign

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason. It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigate Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I also understand that misrepresentation or omission of information of facts may result in my rejection or dismissal. If hired, I agree to abide by all rules and policies of the employer.

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

(Date)

(Applicant's Signature)

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Driver Notification and Release

In connection with my application for employment (including contract services) with Dot-Line Transportation, Inc., I understand that a consumer report which may contain my public record information is being requested from Dot-Line Services. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc., from Federal, State and other agencies which maintain records: as well as information from Dot-Line concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I authorize, without reservation, any party or agency contacted by Dot-Line to furnish the above-mentioned information. I have the right to make a request to Dot-Line, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information; and the recipients of any reports on me which Dot-Line has previously furnished within a two year period preceding my request. I hereby consent to your obtaining the above information from Dot-Line, and I agree that such information which Dot-Line has or obtains, and my employment history with you if I am hired, will be supplied by Dot-Line to other companies which subscribe to Dot-Line.

(Print Name)

(Applicant's Signature)

(Social Security Number)

(Date of Birth)

(Today's Date)

Dot-Line Transportation, Inc. considers your faxed signature to be legally binding.