

EMPLOYMENT HISTORY FOR PAST 10 YEARS

Use a separate sheet for additional information if necessary. Give a complete record of all employment for the past 10 years.

CURRENT EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____ May we contact? YES NO

2nd LAST EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____

3rd LAST EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____

4th LAST EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____

5th LAST EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____

6th LAST EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____

7th LAST EMPLOYER

From Mo. / Yr. to Mo. / Yr. Company Name: _____ ICC MC # _____
Phone # () _____ Address: Street _____ City _____ State Zip
States Driven In: _____ Position Held: _____
No. of States _____ Vans Flats Doubles Reason for leaving _____

CAL – CLEVE, LTD.

Db. / DOT-LINE TRANSPORTATION

3601 VALLEY PARK DRIVE EL RENO, OK. 73036
PHONE ~ 800-423-3780 EXT. 3035 • FAX ~ 323-780-0510

DECLARATION OF EMPLOYMENT STATUS

A. EMPLOYMENT GAP DATES:

FROM: _____ TO: _____
(MONTH) (YEAR) (MONTH) (YEAR)

FROM: _____ TO: _____
(MONTH) (YEAR) (MONTH) (YEAR)

FROM: _____ TO: _____
(MONTH) (YEAR) (MONTH) (YEAR)

B. DURING THE PERIODS SPECIFIED ABOVE I WAS ENGAGED AS FOLLOWS:

C. I ALSO CONFIRM DURING THAT PERIOD, STATEMENTS I HAVE INITIALIZED BELOW ARE TRUE:

INITIAL ALL **TRUE** STATEMENTS

_____ 1A. I WAS NOT EMPLOYED IN ANY CAPACITY ON A FULL-TIME OR REGULAR PART-TIME BASIS.

OR

_____ 1B. I WAS SELF-EMPLOYED. (ATTACH SUPPORTING DOCUMENTS, SUCH AS IRS W-2, IRS 1099, ETC).

_____ 2A. I DID NOT COLLECT UNEMPLOYMENT DURING THIS PERIOD.

OR

_____ 2B. UNEMPLOYMENT RECORDS FOR THIS PERIOD ARE ATTACHED.

_____ 3. I WAS NOT CONVICTED OF A CRIMINAL CHARGE (FELONY OR MISDEMEANOR)

_____ 4. I WAS NOT INVOLVED IN A MOTOR VEHICLE ACCIDENT OF ANY TYPE.

D. OTHER RELEVANT INFORMATION:

E. THE TWO PERSONS LISTED BELOW, NEITHER OF WHOM IS RELATED TO ME IN ANY MANNER, CAN VERIFY THE ABOVE INFORMATION.

NAME ADDRESS PHONE NO.

NAME ADDRESS PHONE NO.

APPLICANT PRINTED NAME

APPLICANT SOCIAL SECURITY NUMBER

APPLICANT SIGNATURE

DATE

DRIVER'S LICENSE AND DRIVING RECORD

CURRENT LICENSE:

State: _____ Date Issued _____ Expiration Date _____ License No. _____

Do you currently hold a driver license in addition to that listed above? _____ If yes, What state? _____

Is your license A CDL? YES _____ NO _____ What endorsements do you have? HAZ MAT _____ Doubles/Triples _____

DRIVER'S LICENSE: LIST ALL DRIVER LICENSES HELD IN THE PAST 5 YEARS			
NOTE: Commercial Driver's must not have an Air Brake restriction and must have Haz Mat and Doubles endorsements.			
State	License Number	Class	Expiration

LIST ALL ACCIDENTS AND INCIDENTS - PREVENTABLE AND NON-PREVENTABLE FOR PAST 3 YEARS:

(Use separate sheet if necessary) If you have had no accidents in the past 3 years write none.

Date	Nature of Accident <small>Describe: (head-on, rear-end, roll over, etc.)</small>	Fatalities	Injuries	Extent of Damage -\$

LIST ALL TRAFFIC CONVICTIONS (TICKETS) AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking tickets)

(Use separate sheet if necessary) If you have had no tickets in the past 3 years write none.

Date	Location	Charge	Penalty

DESCRIBE THE NATURE AND EXTENT OF YOUR EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES:

(Examples: Buses, trucks, truck tractors, semi-trailers, full trailers, etc. (Use separate sheet if necessary))

Type of Equipment	Total Experience <small>Wks., Mos., Yrs.</small>	Type of Experience

List any special courses or training you have taken that will help you as a driver. _____

List any safe driving awards you have received and from whom. _____

PLEASE LIST 2 RELATIVES TO NOTIFY IN CASE OF EMERGENCY:

Name:	Address:	Phone:
Name:	Address:	Phone:

What date are you available for work? _____

Are you capable of driving in winter conditions and chaining up? YES _____ NO _____

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RELEASE AUTHORIZATION

RELEASE AUTHORIZATION FOR DRUG AND ALCOHOL RESULTS

RELEASE AUTHORIZATION FOR PREVIOUS EMPLOYMENT VERIFICATION

(Top half of this form to be completed by applicant)

DRIVER _____ SSN # _____
(Please Print)

I authorize my previous employers to release all positive drug and alcohol test results, to CAL – CLEVE, LTD., for the past two years, including any known refusal of such tests, conducted under 49 CFR Parts 391 and 382, of the FHWA Motor Carrier Safety Regulations.

I further authorize my previous employers to release the dates of my previous employment, to CAL – CLEVE, LTD., as required by 49 CFR Part 391.23 of the FHWA Motor Carrier Safety Regulations.

I agree to release and hold harmless your company, it's Agents and employees from any liability for providing the information I am requesting you provide to CAL – CLEVE, LTD.

Applicant _____ Date _____
(Please Print)

Applicant Signature _____

***** DO NOT WRITE BELOW THIS LINE *****

TO: _____ DATE _____ FAX NO. _____
(Previous Employer) PHONE NO. _____

The applicant named above has indicated he worked for your company during the previous two (2) years. Regulations of the Federal Highway Administration 49 CFR 382.413 require us to obtain from your company, and requires your company to provide us, information concerning the above named driver's past drug and alcohol tests results and any refusals to be tested. Please provide the following information:

PERIOD OF EMPLOYMENT From _____ To: _____ Full Time _____ Part Time _____

Position Held _____ Eligible for Rehire _____ No. of States Driven: _____ No. of Tickets _____

No. of Accidents _____ Reportable _____ Non-reportable _____ Preventable _____ Non-preventable _____

Equipment Operated: Vans 53' 48' Flat Refer Doubles Log Problems ? YES _____ NO _____

CONTROLLED SUBSTANCE TESTING – WITHIN 2 YEARS PRECEDING DATE OF THIS APPLICATION

Any positive controlled substance tests results? YES _____ NO _____

Any alcohol tests results indicating an alcohol concentration of 0.04 or greater? YES _____ NO _____

Any refusal to take any drug or alcohol test required under 49 CFR Part 391 and 382? YES _____ NO _____

COMMENTS _____

Person Providing Information _____ Title _____

Company _____ City _____ State _____ ZIP _____

Cal-Cleve, LTD representative requesting information: _____ Date _____

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DRIVER PROFILE EMERGENCY NOTIFICATION

(PLEASE PRINT ALL INFORMATION)

DRIVER NAME

SOCIAL SECURITY NO.

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP

()
HOME PHONE

()
CELL PHONE

()
PAGER

IN THE EVENT OF AN EMERGENCY PLEASE NOTIFY:

1.

NAME

RELATIONSHIP

()
HOME PHONE NO.

()
WORK PHONE NO.

2.

NAME

RELATIONSHIP

()
HOME PHONE NO.

()
WORK PHONE NO.

ADDITIONAL NOTIFICATION INSTRUCTIONS:

DRIVER SIGNATURE

DATE

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3601 VALLEY PARK DRIVE

EL RENO, OK. 73036

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APPLICANT AGREEMENT

Please read this application and sign below, if you understand and agree to its terms.

If you have any questions or need explanation, please ask now.

I understand and agree that the Department of Transportation (DOT) Physical Examination shall include Substance screening.

I understand and agree that CAL - CLEVE, LTD., hereinafter referred to as the "Company", reserve the right to use substance abuse tests, 1) at random, 2) for reasonable cause, 3) after any accident and 4) during re-certification of physicals - according to DOT regulations or Company policy.

I UNDERSTAND THAT THE INFORMATION IN THIS APPLICATION WILL BE USED AND THAT PAST OR PRESENT EMPLOYERS WILL BE CONTACTED FOR PURPOSES OF INVESTIGATION AS REQUIRED BY 391.23 OF THE MOTOR CARRIER SAFETY REGULATIONS.

I also understand and agree that the Company or its Agents may investigate my background to ascertain any and all information of concern to my record, whether that information is of record or not, and I release all former employers and persons named in the EMPLOYMENT HISTORY section of this document from all liability for any damage because they furnish such information.

I further understand that as a result of making this application for certification, my criminal record may be examined by the Company or its Agents. I hereby authorize the Company or its designated Agents to make any lawful examination of my criminal record.

I understand that at any time in the future, whether my employment with the Company is in effect or has been terminated, upon request of any party or any surety, the Company may furnish reports and information relative to my record and services with, the Company. I agree that this information may be furnished without any liability or damages on behalf of the Company.

As part of the certification process, a medical examination, including drug testing, will be required after a conditional offer is reached. I further agree to provide access to previous medical records if required.

Withholding, omitting, or falsifying any circumstances of information about my past or present health, or any positive drug test result, may result in denial of certification or termination of my employment.

I UNDERSTAND THAT, DURING THE TERM OF MY CONTRACT, I WILL COMPLY WITH THE GUIDELINES AND DIRECTIVES SET FORTH BY THE COMPANY, WHICH SHALL BE AMENDED FROM TIME TO TIME. I ALSO AGREE THAT MY EMPLOYMENT CAN BE TERMINATED AS PROVIDED IN THE DRIVERS HANDBOOK OR AS PRESCRIBED BY THE SAFETY DEPARTMENT.

The information I have provided on this Application for Certification is true and complete to the best of my knowledge. Any written or verbal misrepresentations or omission of any fact in my application for certification, resume or any other materials submitted to the Company or in subsequent interviews may result in denial of certification or termination of my employment.

I agree to furnish any additional information and complete any examinations that may be required to complete my certification.

I consent to the procurement and use of any consumer reports, including reports from DAC Services, Inc., deemed necessary by CAL - CLEVE, LTD., its Agents, or subsidiaries in their consideration of my application.

I understand that this application in and of itself does not constitute an employment offer between the Company and me.

I understand and agree that this Application for Certification in no way obligates the Company to certify me as an employee and that this is not an application for employment, until an offer of employment is reached.

I have read and I understand all of this Agreement.

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

Date _____ Applicant's Signature _____