

**Commercial Driver  
Application for Employment**

Date \_\_\_\_\_

Bassetti Farms, LLC  
402 Bassett St.  
King City, CA 93930

**GENERAL**

Applicant Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City State Zip Code

\*If at the above residence less than three (3) years, list below all residences for the past three (3) years. Attach a separate sheet if necessary

Street City State Zip Code

Street City State Zip Code

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

Position Applying for \_\_\_\_\_ Who referred you? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
mo./yr. mo./yr.

Reason for leaving? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

**EDUCATION**

Circle 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

**DRIVER EXPERIENCE AND QUALIFICATIONS**

The Federal Motor Carrier Safety Regulations 49CFR391.21 (b)(2) requires that driver applicants state their date of birth and SSN

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PHYSICAL HISTORY**

The Federal Motor Carrier Safety Regulations 49CFR391 (e) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle

Date of last Department of Transportation prescribed examination \_\_\_\_\_

Can you provide a copy? \_\_\_\_\_

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:

1. Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain safety-sensitive transportation work?       Yes     No
2. Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work?       Yes     No
3. If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?       Yes     No

**DRIVER'S LICENSE INFORMATION**

Driver's licenses held in the past three (3) years must be shown

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?     Yes     No
- B. Has any license, permit, or privilege ever been suspended or revoked?     Yes     No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?       Yes     No

If you answered "Yes" to A, B, or C, attach a statement giving details

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. Total Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor/Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

List states operated in during the last five (5) years:

\_\_\_\_\_

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

\_\_\_\_\_

**ACCIDENT HISTORY**

**Accident Review for the past three (3) years** (attach a separate sheet of paper if more space is needed)

Date	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	# Fatalities	# Injuries	Citation Issued?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MOTOR VEHICLE DRIVING RECORD (MVR)**

**Traffic Convictions and Forfeitures for the past three (3) years other than parking violations**

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT RECORD**

The Federal Motor Carrier Safety Regulations 49CFR391.21 require that all applicants wishing to drive a commercial motor vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial motor vehicle previously, you must provide employment history for an additional seven (7) years for a total of ten (10) years. Any gaps in employment must be explained.

Start with the **last or current** position, including any military experience, and work back (Attach a separate sheet if necessary). You are required to list the complete mailing address: street number, city, state, and zip code.

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for Leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 mo./yr. mo./yr.

Reason for Leaving: \_\_\_\_\_

**APPLICANT MUST READ AND SIGN**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

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 that are pertinent to the job.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**

Applicant Hired?  Yes  No

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_  
(If not hired, summary report of reasons should be place in file)

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
Physical Exam						
Past Employment						
Written Exam						
Policy & Traffic Record						

**TERMINATION OF EMPLOYMENT**

Date Terminated \_\_\_\_\_

Dept. Released From \_\_\_\_\_

Dismissed \_\_\_\_\_

Voluntary Quit \_\_\_\_\_

Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_

Supervisor \_\_\_\_\_



FMCSA Drug & Alcohol Results & Safety Performance History
Authorization to Release Information

Prospective Employer: Bassetti Farms, LLC
402 Bassett St., King City, CA 93930
(831) 385-3328

Applicant: PRINT NAME SSN

Please list all DOT-regulated employers for whom you utilized your Class A or Class B license during the preceding three (3) years: (Please fill out and sign separate form if more than 3 employers in the last three (3) years)

Table with 6 columns: PREVIOUS EMPLOYER NAME, ADDRESS, PHONE NUMBER, FAX NUMBER, CONTACT NAME, EMPLOYMENT DATES. Contains 4 empty rows for data entry.

DOT DRUG & ALCOHOL TEST RESULTS

- 1. During the past three (3) years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?
2. If yes to above, have you successfully completed DOT return-to-duty requirements?

This release is in accordance with DOT regulations 49 CFR Parts 40.25, 40.321, and 391.23. I understand this information is limited to the following DOT-regulated testing items: 1) Alcohol tests with a result of 0.04 or higher; 2) Verified positive drug tests; 3) Refusals to be tested; 4) Other violations of DOT agency drug and alcohol testing regulations; 5) Information obtained from previous employers of a drug and alcohol rule violation; 6) Documentation, if any, or completion of the return-to-duty process following a rule violation.

I have read and fully understand this authorization. I certify that the information I have furnished above is correct and complete. In signing below, I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by previous employer(s) listed above to the prospective employer listed above.

Check this box if you have NOT performed DOT functions during the past three (3) years

SAFETY PERFORMANCE HISTORY

I hereby authorize release of information from my DOT driving and safety records by my previous employer(s), listed above, to the prospective employer, listed above. This release is in accordance with DOT regulation 49 CFR Part 391.23. The information to be released will include: a) General driver identification and employment verification information; b) Information regarding any accidents, as defined by 49 CFR Part 390.5, that occurred in the previous three (3) years including the date of the accident, city or town where the accident occurred, driver name, number of injuries, number of fatalities, and whether hazardous materials, other than fuel, spilled from the fuel tank, were released; and any accident records that are retained pursuant to 40 CFR Part 390.15(b)(2) or pursuant to employer's internal policies for retaining more detailed minor accident information.

In addition to the aforementioned information, I also authorize my previous employer(s) to rate my work performance as either satisfactory or unsatisfactory.

I understand that pursuant to Part 391.23(h)(i), I have the right to review the information provided by the previous employer, the right to have errors corrected by the previous employer, and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

APPLICANT SIGNATURE

DATE