



D'ARRIGO
CALIFORNIA

Application for Employment as a Commercial Driver

PLEASE ANSWER EVERY QUESTION COMPLETELY. PLEASE PRINT IN INK OR TYPE.

Social Security #: _____ Date Available for Work: _____

Name: _____

First Middle Last

Phone Number () _____

***Current Address:**

Street City State Zip Code

*If you have lived at the above address for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Driver Qualification and Experience

*Date of Birth (m/d/y) _____ *The U.S. Department of Transportation regulations require that driver applicants state their date of birth. 49 C.F.R. §391.21(b)(2).

DENIAL, SUSPENSION OR REVOCATION OF LICENSE * If you answer yes, attach a statement giving all details.

1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?
____ YES ____ NO

2) Have you ever had a license, permit or privilege to operate a motor vehicle suspended or revoked?
____ YES ____ NO

3) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
____ YES ____ NO

4) Would you be willing to undergo a job related physical examination?
____ YES ____ NO

List the Drivers Licenses that you have held in the past three (3) years.

State	License No	Type	Expiration Date

Do you have a tanker endorsement on your CDL? _____ YES _____ NO

Do you have a hazardous materials endorsement on your CDL? _____ YES _____ NO

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc...)	From	To	Approximate Total Miles
Straight Truck				
Tractor & Semi Trailer				
Twin Trailers				
Other				

Accident review for past 3 years

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

Traffic convictions and forfeitures for past 3 years. (other than parking violations) Attach a separate sheet if necessary.

Location	Date	Charge	Penalty

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Drivers must also show commercial driving employment for the seven years immediately preceding this three-year period. 49 CFR §391.21(b)(10),(11). Please include your entire work history for the past 10 years.

Start with last or current position, including military experience. Attach a separate sheet if necessary.

1) Company _____ Supervisor's Name _____

Address _____ Phone () _____

Position held _____ From _____ To _____

Reason for Leaving _____

2) Company _____ Supervisor's Name _____

Address _____ Phone () _____

Position held _____ From _____ To _____

Reason for Leaving _____

3) Company _____ Supervisor's Name _____

Address _____ Phone () _____

Position held _____ From _____ To _____

Reason for Leaving _____

4) Company _____ Supervisor's Name _____

Address _____ Phone () _____

Position held _____ From _____ To _____

Reason for Leaving _____

Application Certification

(Please read carefully.)

I certify that I have read and understand this employment application. I understand that false, misleading and/or omitted information on this application is sufficient grounds for rejection or if hired, termination. I hereby authorize D'Arrigo Bros. Co., or its agents, to verify all statements made by me on this application and/or any resume to the extent permitted by Federal, State, or local law, including but not limited to my driving record, accident history, suspension, revocation, and/or denial of my driver's license, traffic convictions and employment record. Specifically, I hereby authorize D'Arrigo Bros. Co., and/or its agent, to obtain a current Motor Vehicle Record. I hereby release D'Arrigo Bros. Co. and other persons named herein from all liability for any damages on account of obtaining or furnishing any such information. I understand that this application for employment will be kept for a period of one year.

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.

_____ Applicant's Signature
Date

OFFICE USE ONLY
SUPERVISOR MUST COMPLETE UPON HIRING

Department _____ District _____ Job Title _____ Hire Date _____

Return Application to:
D'Arrigo Bros. Co., 21777 Harris Road, Salinas, CA 93908
Phone (831) 455-4500