



Driver Applicant Requirements

Bear Trucking, Inc. requires 3 years of verifiable Class-A driving experience, with no more than 3 points on your driving record in the last 3 years, and no more than 3 employers in the last 5 years. Additionally, applications must not have had any reckless driving violations, negligent operator and/or DUI within the last ten years.

Please complete the attached driver application in as much detail as possible, including the last ten (10) years of employment without any history gaps. Explain any gaps in employment (example: in military from xx/xx to xx/xx, unemployed from xx/xx to xx/xx, etc.).

We require copies of the following:

- Valid Driver's License
- Valid Medical Certificate **
- Social Security Card
- CA DMV Driver Record (minimum 3 yr) dated within the last 20 days

*** We require a copy of your Medical Examination Report (Long Form). Please provide it on your next visit. If you do not have one, please contact the clinic listed on your Medical Certification to obtain a copy.*

REMEMBER TO SIGN THE APPLICATION IN ALL FOUR (4) PLACES.

Please retain this cover sheet for your information.

For follow-up, please contact:
Wayne Jacobi - (909)799-1616 x122

19768 Kendall Drive
PO Box 9158
San Bernardino, CA 92407

Commercial Driver Employment Application

Date of Application: _____

Name: _____
Last First MI

Date of Birth: _____ Social Security No. _____

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job disability, or any other protected group status.

Consent for Information From Previous Employer **Applicant Must Read and Sign -**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters and 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 authorize the release of information from all employers, schools, health care providers and other persons from any and all liability in responding to inquiries and release of information in connection with this application. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history, including Drug & Alcohol testing/results, as required by 49 CFR Sections 391.23(d)/(e) and 40.25(j).

I understand that I have the right to review information provided by previous employers:

- *I have the right to have errors in the information corrected by my previous employers and for those previous employers to re-send the corrected information to the prospective employer.*
- *I have the right to provide a rebuttal statement which shall be attached to any alleged erroneous information, if the previous employer(s) and I cannot agree to the accuracy of the information.*

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

Signature _____ Date _____

Under Section 40.25 (j), have you 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, a safety –sensitive transportation work covered under covered by DOT agency drug & alcohol testing rules during the past two years?

☐ Yes ☐ No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return to duty requirements?

☐ Yes ☐ No

Signature _____ Carrier Representative _____

Per Section 40.25 (j): As the employer, you must also ask the applicant whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, safety sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past two years. If the applicant admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b) (5) and (3) of this section).

Applicant to Complete - Answer all questions – Please type or print

Name: _____
Last First MI

List your address of residency for the past 3 years.

Current Address: _____
Street City State Zip Code How Long

Phone: _____ Cell: _____

Previous Address: _____
Street City State Zip Code How Long

Previous Address: _____
Street City State Zip Code How Long

Previous Address: _____
Street City State Zip Code How Long

Do you have the legal right to work in the United States? ☐ Yes ☐ No

Have you worked for this company before? ☐ Yes ☐ No

Dates From: ____ / ____ / ____ To: ____ / ____ / ____

Reason for leaving _____

Currently employed? ☐ Yes ☐ No If no, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay expected: _____

CDL Number: _____ State: _____ Class: _____ Expires: ____ / ____ / ____

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

If the answer to either A or B is Yes, describe below:

Endorsements: ☐ Double ☐ Triples ☐ Tanks ☐ Passengers ☐ Hazardous ☐ TWIC Expires: _____

Have you received any Safe Driving Awards and from whom? _____

List any courses, training, and/or other experience not previous noted. _____

List any special equipment you can work with other than previous noted. _____

EMPLOYMENT HISTORY

*All driver applicants must provide the following information on all employers during the preceding three years and all employers whom you operated a CMV within the last ten years. List each employer's complete mailing address: street number, city, state, and zip code. Begin with your most recent employer. **You must include & describe any gaps in employment.***

EMPLOYER		Dates Employed	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip Code:	Reason for Leaving
Contact Person:	Phone No:		

Where you subject to FMCSR's? ☐ Yes ☐ No

Were you subject to DOT-testing for Drug & Alcohol under 49 CFR Part 40? ☐ Yes ☐ No

EMPLOYER		Dates Employed	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip Code:	Reason for Leaving
Contact Person:	Phone No:		

Where you subject to FMCSR's? ☐ Yes ☐ No

Were you subject to DOT-testing for Drug & Alcohol under 49 CFR Part 40? ☐ Yes ☐ No

EMPLOYER		Dates Employed	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip Code:	Reason for Leaving
Contact Person:	Phone No:		

Where you subject to FMCSR's? ☐ Yes ☐ No

Were you subject to DOT-testing for Drug & Alcohol under 49 CFR Part 40? ☐ Yes ☐ No

EMPLOYER		Dates Employed	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip Code:	Reason for Leaving
Contact Person:	Phone No:		

Where you subject to FMCSR's? ☐ Yes ☐ No

Were you subject to DOT-testing for Drug & Alcohol under 49 CFR Part 40? ☐ Yes ☐ No

EMPLOYER		Dates Employed	
Name:		From:	To:
Address:		Position Held:	
City:	State:	Zip Code:	Reason for Leaving
Contact Person:	Phone No:		

Where you subject to FMCSR's? ☐ Yes ☐ No

Were you subject to DOT-testing for Drug & Alcohol under 49 CFR Part 40? ☐ Yes ☐ No

If more space is required, please use the back of this page or add an additional page

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
(Name) (City) (State)

DRIVING RECORD

List Your Accident Record for the Past 3 Years – if no accidents, write “none”

Date/Location	Description of Accident (Head-On, Rear-End, Upset, Etc.)	Fatalities	Injuries	At Fault Yes/No

List Traffic Convictions and/or Forfeitures for the Past 3 years (*other than parking violations*) – if no accidents, write “none”

Date	Location	Charge	Commercial or Personal Vehicle	Penalty
			C <input type="checkbox"/> P <input type="checkbox"/>	
			C <input type="checkbox"/> P <input type="checkbox"/>	
			C <input type="checkbox"/> P <input type="checkbox"/>	

DRIVING EXPERIENCE AND QUALIFICATIONS

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Number of Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Motor Coach - School Bus				
Other				

TO BE READ AND SIGNED BY APPLICANT

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.

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 that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL
ACCOUNT HOLDERS**

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____ (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015