

Driver's Application for Employment

Hangry Trucking

Corpus Christi, TX

Office: (361) 683 - 8310 Fax: (361) 356 - 4354

Answer all questions – Please print

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

Date of Application: _____

Position (s) Applied for: _____

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street City
State Zip Phone: () _____

Address For Past Three Years	Street	City	State & Zip	How Long?
	Street	City	State & Zip	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? _____ Where? _____

Date: From _____ To _____ Rate of pay \$ _____ Position: _____

Reason for leaving? _____

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

Who referred you? _____ Rate of pay expected? _____

Have you ever been injured on the job? _____ If yes, please provide a date and a brief description of injury: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish: _____

DATES	NATURE OF ACCIDENT (HEADON, REAR-END, ETC.)	FATALITIES	INJURIES
Last Accident:			
Next Previous Accident:			
Next Previous Accident			

Use back side of this page to record additional accident/incidents per above instructions.

LIST ALL CITATIONS, REVOCATIONS/SUSPENSIONS OTHER THAN PARKING VIOLATIONS OR OVERWEIGHT VIOLATIONS FOR THE PAST 3 YEARS.

LOCATION	DATE	CHARGE	PENALTY

Use back side of this page to record additional citations, revocations or suspensions.

EDUCATION

HIGHEST GRADE COMPETED: _____

LAST SCHOOL ATTENDED: _____
 (NAME) (CITY & STATE)

EXPERIENCE AND QUALIFICATIONS – DRIVER

	STATE	LICENSE NUMBER	TYPE / ENDORSEMENTS	EXPIRATION DATE
DRIVER'S				
LICENSE				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
B. Has any license, permit or privilege ever been suspended or revoked?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
C. Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
D. Are you familiar with using an Elog device?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If the answer to either A, B, or C is YES, Please explain below or Attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. # OF MILES (TOTAL)
	(VAN, TAN, FLAT, ETC.)	FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

List states operated in for last five years: _____

Show 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

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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

The information provided in this application, as well as from previous employers, schools, and or health care providers may be used for the purpose of investigating the applicant's safety performance history as required by paragraphs (d) and (e) of 391.23 of the DOT safety regulations of the FMC. This information may also be used to consider employment with this company.

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.

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

APPLICANT HIRED: _____

REJECTED: _____

DATE EMPLOYED: _____ POINT EMPLOYED: _____

DEPARTMENT: _____ CLASSIFICATION: _____

IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE.

THIS SECTION TO BE FILLED BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL & TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER: _____

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE _____

REASON FOR TRANSFER: _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPARTMENT RELEASED FROM: _____

DISMISSED: _____ VOLUNTARILY QUIT: _____ OTHER: _____

TERMINATION REPORT PLACED IN FILE: _____ SUPERVISOR: _____

Hangry Trucking INC

Safety Department

Date: _____

TO _____

FROM *Mike Briones*

COMPANY _____

PHONE # 361 683 8310

FAX _____

Fax: 361 356 4354 Email: Info@hangrytrucking.com

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Comments:

Attached you will find two documents. The first is a signed **Authorization and Consent Form**; the second is a **Request for Prior Employment Information**.

Please complete the Request for Prior Employment Information document, answering all information requested on the form pertaining to this driver. It is imperative that all the accident, tickets, suspensions, and the seven (7) drug and alcohol questions are answered. If information is not available, please put a solid line through the space provided for the question or write the word "NONE".

Please fax the completed Request for Prior Employment Information back to me at 361 356 4354. Please be sure that your name, job title, and date of completion are filled in at the bottom of the form.

Thank you for your assistance in this matter.

*Please fill out and fax or email back to Hangry Trucking Inc @
361 356 4354 To the Safety Department*

1ST Request

DATE: _____ TIME: _____ FAXED: _____ MAILED: _____

2ND Request

DATE: _____ TIME: _____ FAXED: _____ MAILED: _____

3RD Request

DATE: _____ TIME: _____ FAXED: _____ MAILED: _____

Hangry Trucking Inc

Corpus Christi, TX

Office: 361 683 8310

Fax: 361 356 4354

REQUEST FOR PRIOR EMPLOYMENT INFORMATION

APPLICANT'S NAME: _____ **SS#:** _____ - _____ - _____

NAME OF COMPANY: _____ **PHONE:** _____

Street Address: _____ City: _____ State: _____ Zip: _____

Period of Employment: From _____ To _____ Position Held: _____

Period of Employment: From _____ To _____ Position Held: _____

Driver: Yes No Part-time Full Time Company Driver Owner-Operator Driver for Owner

Equipment: Tractor-Trailer Van Reefer Tank Flat Bed Other _____

List state(s) in which applicant drove regularly: _____

List type of commodities applicant hauled: _____

LOGS: Did applicant have any log problems? No Yes (If yes, describe) _____

Accidents:

Date	Location	No. Of Injuries	Any Fatalities Y/N	Preventable Y/N	Hazmat Y/N	Describe
1 _____	_____					_____
2 _____	_____					_____
3 _____	_____					_____

TICKETS: No Yes If yes, describe: _____

LICENSE SUSPENSIONS: No Yes If yes, describe: _____

What license did applicant have? Class: _____ State of Issue: _____

Why did applicant leave your employment? _____

Is applicant eligible for rehire? : Yes No If no, please explain why? _____

What companies did applicant show working for prior to your company? _____

ALCOHOL AND CONTROLLED SUBSTANCE TESTS: Within the last three years, has:

1. This person had an alcohol test with a result of 0.04 or higher concentration? Yes No

2. This person tested positive or adulterated or substituted a test specimen for controlled substances? Yes No

3. This person refused to submit to a post-accident, random, reasonable suspicion, follow-up alcohol, Yes No
or controlled substance test?

4. This person committed other violations of Subpart B of Part 382, or Part 40? Yes No

5. This person violated a DOT drug and alcohol regulation and completed a SAP-prescribed Yes No
rehabilitation program in your employ, including return-to-duty and follow-up tests. If yes, documentation is enclosed.

6. This person, after successfully completing a SAP's rehabilitation referral, remained in our employ but subsequently Yes No
had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.

In providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations are included.

Additional Comments: _____

By: _____
Person supplying information Title Date

Representative Requesting Information: _____

AUTHORIZATION AND CONSENT

Applicant's Name: _____ Social Security Number: _____

Alcohol and Drug Testing: I hereby authorize Hangry Trucking Inc to obtain from my prior employers during the three (3) year period preceding the date of this application, information about me regarding alcohol tests with a concentration result of 0.04 or greater, positive drug test results, refusals to be tested (including verified adulterated or substituted drug test results), other violations of Federal Motor Carrier Safety Administration drug or alcohol regulations and, if applicable, completion of return-to-duty requirements following violation of a DOT drug or alcohol regulation. I hereby authorize and consent to the release of such information by my prior employers to the Director of Safety and to the HR Manager of Hangry Trucking Inc in person, by telephone, in writing, or by other method of transmission ensuring confidentiality. I hereby authorize the Director of Safety and to the HR Manager of Hangry Trucking Inc release such information to any employee of Hangry Trucking Inc whose duties require them to assess this application or to make any recommendations or decisions with respect to it.

Consumer Reports: I hereby authorize Hangry Trucking Inc to obtain one or more consumer reports containing information regarding my employment history, driving record and arrest/conviction record in connection with this application and, if I am hired or qualified, to; 1) obtain additional consumer reports in connection with this application and 2) to obtain additional consumer reports in connection with the continuation of my employment or qualification.

Employment Reference: I hereby authorize my prior employers to provide Hangry Trucking Inc with all information regarding my performance, safety performance, character, and conduct while in their employ and I hereby release my prior employers from any liability for providing such information.

Date / / APPLICANT SIGN HERE: _____

DATE AND SIGN ABOVE WHEN COMPLETING APPLICATION.

Hangry Trucking Inc

DRIVER'S AUTHORIZATION FOR RELEASE OF STATE DRIVING RECORD

I, _____, have made application for employment with Hangry Trucking Inc. I hereby authorize you to release my driving record for the past three years to this company. The purpose of this request is to perform an investigation of my past driving record in accordance with Part 391, Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability, which may result from furnishing information.

Driver Signature

Date

IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

- d. In connection with your application for employment with Hangry Trucking, Hangry Trucking, 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.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

2. I authorize Hangry Trucking Inc 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 consenting to 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.

3. 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 am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the Data Qs system to the appropriate State for adjudication.

4. Please note: 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 FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, 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) _____

§ 391.23 Investigation and inquiries.

(a) Except as provided in subpart G of this part, each motor carrier shall make the following investigations and inquiries with respect to each driver it employs, other than a person who has been a regularly employed driver of the motor carrier for a continuous period which began before January 1, 1971:

(a)(1) An inquiry into the driver's driving record during the preceding 3 years to the appropriate agency of every State in which the driver held a motor vehicle operator's license or permit during those 3 years; and

(a)(2) An investigation of the driver's employment record during the preceding 3 years.

(b) A copy of the driver record(s) obtained in response to the inquiry or inquiries to each State driver record agency required by paragraph (a)(1) of this section must be placed in the driver qualification file within 30 days of the date the driver's employment begins and be retained in compliance with § 391.51. If no driving record exists from the State or States, the motor carrier must document a good faith effort to obtain such information, and certify that no record exists for that driver in that State. The inquiry to the State driver record agencies must be made in the form and manner each agency prescribes.

(1) Replies to the investigations of the driver's safety performance history required by paragraph (a)(2) of this section, or documentation of good faith efforts to obtain the investigation data, must be placed in the driver investigation history file, after October 29, 2004, within 30 days of the date the driver's employment begins. Any period of time required to exercise the driver's due process rights to review the information received, request a previous employer to correct or include a rebuttal, is separate and apart from this 30-day requirement to document investigation of the driver safety performance history data.

(2) The investigation may consist of personal interviews, telephone interviews, letters, or any other method for investigating that the carrier deems appropriate. Each motor carrier must make a written record with respect to each previous employer contacted, or good faith efforts to do so. The record must include the previous employer's name and address, the date the previous employer was contacted, or the attempts made, and the information received about the driver from the previous employer. Failures to contact a previous employer, or of them to provide the required safety performance history information, must be documented. The record must be maintained pursuant to § 391.53.

(3) Prospective employers should report failures of previous employers to respond to an investigation to the FMCSA following procedures specified at § 386.12 of this chapter and keep a copy of such reports in the Driver Investigation file as part of documenting a good faith effort to obtain the required information.

(4) Exception. For a drivers with no previous employment experience working for a DOT regulated employer during the preceding three years, documentation that no investigation was possible must be placed in the driver history investigation file, after October 29, 2004, within the required 30 days of the date the driver's employment begins.

(d) The prospective motor carrier must investigate, at a minimum, the information listed in this paragraph from all previous employers of the applicant that employed the driver to operate a CMV within the previous three years. The investigation request must contain specific contact information on where the previous motor carrier employers should send the information requested.

(1) General driver identification and employment verification information.

(2) The data elements as specified in § 390.15 (b)(1) of this chapter for accidents involving the driver that occurred in the three-year period preceding the date of the employment application.

(i) Any accidents as defined by § 390.5 of this chapter. (ii) Any accidents the previous employer may wish to provide that are retained pursuant to § 390.15 (b)(2), or pursuant to the employer's internal policies for retaining more detailed minor accident information.

Initials_____

(e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part40.

(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of Part382 of this chapter, or 49 CFR Part40.

(2) Whether the driver failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to § [382.605](#) of this chapter, or 49 CFR Part40, subpart O. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), the prospective motor carrier must obtain documentation of the driver's successful completion of the SAP's referral directly from the driver.

(3) For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a § [382.605](#) or 49 CFR Part40, subpart O referral:

(i) Alcohol tests with a result of 0.04 or higher alcohol concentration;

(ii) Verified positive drug tests;

(iii) Refusals to be tested (including verified adulterated or substituted drug test results).

(f) A prospective motor carrier employer must provide to the previous employer the driver's written consent meeting the requirements of § [40.321\(b\)](#) for the release of the information in paragraph (e) of this section. If the driver refuses to provide this written consent, the prospective motor carrier employer must not permit the driver to operate a commercial motor vehicle for that motor carrier.

Initials_____