

BHANDAL BROS. TRUCKING, INC.
P. O. BOX 1900
HOLLISTER, CA 95024
PH: 800-537-1760 / FAX: 831-761-2814
WWW.BHANDALBROTHERSTRUCKING.COM

Thank you for your interest in applying for a job at Bhandal Bros. Trucking, Inc. Enclosed is an application. Please fill it out completely, including addresses and phone numbers for previous employers. When you return the application, please include a DMV printout dated within the last thirty (30) days. If you come in for an interview you must have your current Class A driver's license, your current medical certificate, and your social security card.

All completed paperwork can be faxed to 831-761-2814. Thank you.

Attn: _____ Date _____

Phone _____ Fax _____

FOR OFFICE USE ONLY

___ Completed Application
___ Work History ___ Yrs (Address and Phone)
___ Questions (Reason, A&B, Drug)
___ Signed and Dated
___ Prev. Employer (signed and dated only)
___ DMV Printout
___ Cleared by Insurance Date added to Insurance _____
___ Sent to Drug Test Date _____ Phone _____

INFORMATION NEEDED FOR EMPLOYMENT
WITH BHANDAL BROS. TRUCKING, INC.

COMPLETED APPLICATION
FILL IN WORK HISTORY COMPLETELY – WITH
ADDRESSES AND PHONE NUMBERS. MAKE SURE
DATES ARE CORRECT

CURRENT DMV PRINTOUT
(WITHIN THE LAST 30 DAYS)

CLEAR COPY OF YOUR DRIVER'S LICENSE

CLEAR COPY OF YOUR MEDICAL CARD

CLEAR COPY OF YOUR SOCIAL SECURITY CARD

CLEAR COPY OF YOUR WORK AUTHORIZATION
CARD (IF APPLICABLE)

FAX ALL THIS INFORMATION IN WITH YOUR APPLICATION.
FAX NUMBER IS 831-761-2814

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	WAGE
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	WAGE
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	WAGE
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	WAGE
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	WAGE
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION	WAGE
CITY	STATE	ZIP	REASON FOR LEAVING	
CONTACT PERSON	PHONE NUMBER			

Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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)

CONTACT IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

PHONE: _____

RELATIONSHIP TO APPLICANT: _____

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. 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.

APPLICANT'S SIGNATURE

DATE

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER(S)

ON ALCOHOL & CONTROLLED SUBSTANCES TESTING

RELEASE AND FORWARD ALL INFORMATION TO:

BHANDAL BROS. TRUCKING, INC

P.O. BOX 1900

HOLLISTER, CA 95024

BUS. 800-537-1760

FAX: 831-761-2814

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Employers must make a good faith effort to obtain the information required by Title 49, Part 382.413(b).

Interview method:

1. 1st FAX Date Faxed _____
2. 2nd FAX Date Faxed _____ 3. Date Mailed _____ (do not send the original copy)

SECTION 2: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49, PART 40.25(J).

_____ Date

_____ Applicant Signature

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements (*did not operate a vehicle which required a commercial drivers' license*) while employed, please check here and skip items 1, 2, 3, 4, and 5.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has this person ever tested positive for a controlled substance in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person ever refused a required test for drugs or alcohol in the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up? | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above question, please give the SAP's (substance Abuse Professional) name, address and phone number for further reference.

Name: _____ Phone number: _____

Address: _____ City, State, Zip: _____

This section was completed by: _____
Signature Title Date

SECTION 4: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I hereby authorize you to release the following information to **BHANDAL BROS. TRUCKING, INC.**, for the purposes of investigation, as required by Section 391.23 of the FMCS Regulations. You are released from any and all liability which may result from furnishing such information.

DATE: _____ APPLICANT'S SIGNATURE: _____

SECTION 5: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

MAIL / FAX TO: _____ DOT/MC# _____

The below named individual has made application to this company for a position as a _____

And states that he/she was employed by you as a _____ From: _____ to: _____

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience, or you may fax the response to **831-761-2814**.

Best Regards,

Safety Director

SECTION 6: TO BE COMPLETED BY PREVIOUS EMPLOYER

Name of Applicant: _____ SS#: _____

1. Employed from _____ to _____ as a _____

2. Type of equipment driven? Straight truck Tractor semi-trailer Bus

3. Trailer used? Van Flat bed Refrigerated Cargo Tank Triples Doubles

4. List the states in which applicant drove regularly? _____

5. Was driver license ever revoke or suspended? YES NO

6. Was this person involved with a stolen, Load Truck Trailer Fuel Comments: _____

7. LOGS: Did applicant have any log problems? YES NO If yes, describe: _____

8. TICKETS: Did applicant have any tickets? YES NO If yes, describe: _____

9. ACCIDENT: Did applicant have any accidents that involved the applicant in the 3 years prior to the application date shown above? YES NO If yes, describe: _____

Date _____ Location _____ No. Injuries _____ No. Fatalities _____

10. Reason for leaving your employ? _____ Is the applicant eligible for re-hire? YES NO

Completed by: _____ Date _____



Disclosure and Release Authorization

Disclosure: Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA) and the Driver Privacy Protection Act (DPPA), notice is hereby given that a consumer report and or an Investigative Consumer report may be requested from ProVerify. The report may include the following types of information: educational accomplishments, employment history, driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records and civil records. In addition, an investigative consumer report may be requested from ProVerify. Such report contains information regarding character; general reputation, personal characteristics, or mode of living, which is obtained from personal interviews with neighbors, friends and associates. These reports will be used for employment purposes only.

Release Authorization: I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PROVERIFY TO FURNISH THE ABOVE MENTIONED INFORMATION. I HEREBY ACKNOWLEDGE THAT A PHOTOGRAPHIC COPY OR FAX OF THIS NOTICE SHALL BE VALID AS THE ORIGINAL. I AGREE TO RELEASE AND HOLD HARMLESS PROVERIFY FROM ANY LIABILITY ARISING FROM ANY ERRORS IN INFORMATION IT IS PROVIDED.

Fair Credit Reporting Act (FCRA) rights: I have the right to make a request to ProVerify, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information and the recipients of any reports on me which ProVerify has furnished within the two-year period preceding my request. Such information will be provided to me at no cost within 30 days after having received my request.

I request a copy of my background check in accordance with Civil Code 1786.16: Yes No

I, _____ hereby consent and authorize Employer and / or ProVerify, LLC on the employer's behalf, to prepare a report as defined above for employment purposes prior to an offer of employment or anytime after employment. I, the undersigned, have read and fully understand the above notice.

Client Name: **BHANDAL BROS TRUCKING INC.**

Signature: _____ Date: _____

Social Security #: _____ DL #: _____ State _____

Print Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

www.iproverify.com

www.ProV1.net

info@iproverify.com

23640 Magic Mountain Parkway, Suite 406
Valencia, CA 91355-2179 USA
Office: 661-799-7445 ☎☎ Toll Free: 877-776-8374 ☎☎ Fax: 661-290-2920

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) as the employer, you must also ask the employee whether he or she has tested positive, or refused, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee 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 return-to-duty process. See section 40.25(B) (5) and (E).

Company name: _____

Street: _____

City: _____

State & Zip: _____

Prospective Employee Name: _____

(Print)

Social Security Number: _____

The prospective employee is required by Sec. 40.25(J) to respond to the following questions:

1. 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, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years.

Check one: YES _____ NO _____

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

Check one: YES _____ NO _____

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____

Date: _____