



Corporate Office: 1543 West 16th Street • Long Beach, CA 90813

(562) 432-3946 HR Fax (562) 628-9798 www.amberresources.com

COMMERCIAL DRIVER EMPLOYMENT APPLICATION

“An Equal Employment Opportunity Employer”

Please print CLEARLY and COMPLETE ALL sections.

You may attach your resume to this application but a resume will NOT be accepted in lieu of a completed Employment Application

Date	Last Name	First Name
Address:		
Home Phone ()	Cell/Message Phone: ()	
Best time to call?	Date of Birth (Per DOT regulations): / /	
Location Desired:		
Rate of pay expected for the position you are applying for?		Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
How did you hear about us/this position (ex: Referred, Online Ad, Banner, etc.)?		
If referred, who referred you?	Relationship to person that referred you?	

Have you ever applied to or worked for Dion and Sons? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives who work for Dion and Sons? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above question, explain reason for leaving the company?
If hired, can you present evidence of your legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, when would you be available to start?
Do you have any schedule restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list restricted days/times:
Are you available to work: Overtime? Nights? Weekends? Holidays? On Call?
Is there any reason you might be unable to perform the physical functions of the job, including regularly lifting, pushing and/or pulling up to 75 pounds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list any accommodations needed to perform the functions of the job?

High School	Name	Years Completed?	
	City, State	Diploma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	Name	Years Completed?	
	City, State	Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Vocational	Name	Years Completed	
	City, State	Certificate/Degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Driving/Equipment Experience:

	Circle Type	Dates (From/To)	Approx. No. of Miles Driven
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Flat Van Refer Tanker		
Tractor & Semi Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Flat Van Refer Tanker		
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Flat Van Refer Tanker		
Other (explain):			
PTO's <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of experience: Months Years		
Mobile Fueling <input type="checkbox"/> Yes <input type="checkbox"/> No	Length of experience: Months Years		
Handheld Computers <input type="checkbox"/> Yes <input type="checkbox"/> No			

Additional Experience/Qualifications:

List all states operated in for the last 5 years: _____

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

List any safe driving awards you hold and from whom: _____

List any additional courses or training completed (related or unrelated to the position you are applying for): _____

Employment History

Provide 10 years of employment information, listing employers in order starting with the most recent position held.
Do NOT skip or leave any field blank. If any question is not applicable, please indicate "N/A".
Missing information may result in delays or declination of your application.

DO NOT attach a resume. Must complete all fields of work history information requested.

Employer Name:		Dates of employment: From: To:	
Address:		Position Held:	
City:	State:	Zip Code:	Wage:
Contact Person/Department:		Phone Number:	
Email:		Fax Number:	
Reason for Leaving:			
Were you subject to the FMCSR's† (see pg. 4) (Federal Motor Carrier Safety Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT REGULATED* (see page 4) mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

*Includes vehicles having a GVWR of 26,001 pounds or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSR's) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR or 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in the quantity requiring placarding.

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Employer Name:		Dates of employment: From: _____ To: _____	
Address:		Position Held:	
City:	State:	Zip Code:	Wage:
Contact Person/Department:		Phone Number:	
Email:		Fax Number:	
Reason for Leaving:			
Were you subject to the FMCSR's† (see pg. 4) (Federal Motor Carrier Safety Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT REGULATED* (see page 4) mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

Employer Name:		Dates of employment: From: _____ To: _____	
Address:		Position Held:	
City:	State:	Zip Code:	Wage:
Contact Person/Department:		Phone Number:	
Email:		Fax Number:	
Reason for Leaving:			
Were you subject to the FMCSR's† (see pg. 4) (Federal Motor Carrier Safety Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT REGULATED* (see page 4) mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

Employer Name:		Dates of employment: From: _____ To: _____	
Address:		Position Held:	
City:	State:	Zip Code:	Wage:
Contact Person/Department:		Phone Number:	
Email:		Fax Number:	
Reason for Leaving:			
Were you subject to the FMCSR's† (see pg. 4) (Federal Motor Carrier Safety Regulations) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your job designated as a safety-sensitive function in any DOT REGULATED* (see page 4) mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			

Commercial Driver Employment Application

Drug and Alcohol Free Workplace Notice and Testing Policy

Dion and Sons (hereinafter referred to as the "Company") is committed to maintaining a safe, healthy and efficient working environment for all of its employees. The presence of alcohol and drugs in the work place, and the influence of those substances on employees pose serious safety and health risks to both the user and to all those who work with him or her. Impairments from drugs or alcohol threaten everyone's safety and the success of our operation.

We need not and will not accept any risk to safety, quality or productivity that may be caused by alcohol abuse and/or drug use by employees. Compliance with the Company's alcohol and drug program is a term and condition of employment.

The Company has implemented a post-offer, post-accident and for cause drug and alcohol testing policy for all employees. All hires will be tested for drug and alcohol use. It is also a term and condition of employment that employees submit to a drug or alcohol test if the Company has reasonable cause to believe the employee is impaired while on the premises. Refusal to submit to a reasonable cause test or any positive test result is grounds for discipline up to and including termination.

By signing below, I acknowledge receipt, understanding and acceptance of the Drug and Alcohol Free Workplace and Testing Policy.

Signature: _____ Date: _____

APPLICANT ACCEPTANCE

READ, SIGN, DATE AND INTIAL BELOW WHERE INDICATED

By initialing next to each paragraph, signing and dating below, I understand and agree to the following:

____ I have read the Company's Alcohol and Drug Policy above, and I understand if offered employment, I must agree to undergo a post offer drug and alcohol testing and if hired, I must comply with the testing program and policies.

____ I certify that I have not knowingly withheld any information on this Employment Application, that might adversely affect my chance for employment and I agree that the answers provided by me are true and correct to the best of my knowledge.

____ I authorize the company to thoroughly investigate my references, work record, safety performance history, DOT drug and alcohol testing history, education, training and other matters related to my suitability for employment. I further authorize the reference and previous employers listed on this Employment Application, to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure.

____ I release the Company, my former employer and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such I investigation or disclosure.

____ 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 employment and my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

____ I understand that nothing contained in the Employment Application or conveyed during any interview is/was intended to create an employment contract between me and the company.

Signature _____ Date _____

Printed Name: _____ Social Security Number: _____

Dion & Sons, Inc
1543 W 16th Street
Long Beach, CA 90813
Human Resources: (562) 432-3946 • Confidential Fax: (562) 628-9798
Email: hr@amberresources.com

Commercial Driver Safety Performance History Records Request

INSTRUCTIONS: APPLICANT: Complete Section 1; PREVIOUS EMPLOYER: Complete Section 2; PROSPECTIVE EMPLOYER: Complete Section 3

SECTION 1: To be completed by Applicant

Previous Employer: _____ Attn: _____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

I, (Print Name) _____ Social Security No: _____

was employed by you as a Commercial Driver from (dates) _____ to _____,

and I hereby authorize you to release and forward the information requested in Section 3 of this document for the purpose of employment investigation and as required by section 382.405(f) of the FMCSR, records that shall be made available to my prospective employer, upon receipt of this request from me.

Signature: _____

Application Date: _____

Section 2: To be completed by prospective employer/verifier.

This form was:

Faxed Mailed Emailed by: _____ On: _____ Confirmation/proof attached

Faxed Mailed Emailed by: _____ On: _____ Confirmation/proof attached

Faxed Mailed Emailed by: _____ On: _____ Confirmation/proof attached

Verbal verification: Information received from:

Name: _____ Job Title: _____ Date Received: _____

By: Fax Mail Email Telephone Other: _____

SECTION 3

Dear Previous Employer,

In order that we may consider the above person for employment we kindly request that you reply to the questions 1-5 on page 2 of this document as soon as possible. Your reply will be used and retained in accordance with FMCSR section 391.23. We appreciate any additional information you can provide.

Regards,

Applicant Name: _____ SS# _____

SECTION 3 continued: To be completed by Previous Employer

An employer shall release information regarding a commercial driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person.

1. Was the applicant employed as a commercial driver for your company? Yes No If no, please sign and return.

2. Are the employment dates listed on page 1 of this document correct? Yes No

a. If not correct, please provide correct dates: From _____ to _____

b. If rehired, please provide all employment dates and positions held:

Position: _____ From _____ to _____

Position _____ From _____ to _____

Position _____ From _____ to _____

3. Please indicate the type of equipment driven:

Bobtail Box/Flatbed Truck/Trailer Tank Other: _____

4. Accidents: Highway: # _____ # At Fault _____

Non Highway: # _____ # At Fault _____

5. Drug/Alcohol information:

Please include any required DOT drug or alcohol testing information obtained from prior employers in the previous 3 years prior to the application date shown on page 1 of this document.

a. Alcohol test results .04 or greater in the previous 3 years? Yes No

b. Positive Drug test in previous 3 years? Yes No

c. Refusal to submit to an alcohol or drug test in previous 3 years? Yes No

d. Have you received any information that this individual violated DOT Drug and Alcohol regulations in the past 3 years? Yes No

If you answered yes to any of the above Drug and Alcohol questions, please provide the dates of all positive tests and include SAP documents:

Drug List Date(s): _____ SAP documents attached? Yes No

Alcohol List Date(s): _____ SAP documents attached? Yes No

6. If petroleum driver:

Cross Contaminations # _____

Dome outs/spills # _____

7. Reason for leaving your organization: Voluntary Involuntary _____

8. Would you rehire this individual? Yes No

9. Is there anything else you can share about this individual regarding his/her work performance?

a. Quality/Productivity? Excellent Good Fair

b. Communication/Interpersonal Skills? Excellent Good Fair

c. Attendance? Excellent Good Fair

d. Safety? Excellent Good Fair

Completed by (Name): _____ Job Title: _____

Phone Number: _____ Date: _____

Please fax this page only back to (562) 628-9798 – No cover sheet needed.

Thank you for your prompt reply.