



PO Box 9944, Albuquerque, NM 87119

# Driver/Contractor Employment Application

Driver  Contractor  Sub-Contractor

## Personal Information

Last	First	Middle	Date
Cell Phone	Email Address		

### List all addresses for the last three years.

Current Address	City	St	Zip
Previous Address	City	St	Zip
Previous Address	City	St	Zip
Have you worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		From Mo/Yr	To Mo/Yr
If yes, when?			

## Education

Circle highest grade completed													College				Graduate School					
1	2	3	4	5	6	7	8	9	10	11	12	GED	1	2	3	4	1	2	3	4	5	6
Name													City				St	From Mo/Yr	To Mo/Yr	Did you graduate?		
High School																						
College																						
Trade School																						

## Driver Experience and Qualifications

Do you have a CDL?  Yes  No If yes, for how long? \_\_\_\_\_

Do you have professional driving experience? .....  Yes  No

Have you ever been denied a license, permit or privilege to operator a motor vehicle? .....  Yes  No

Have you ever been disqualified for violation(s) of the Federal Motor Carrier Safety Regulations? .....  Yes  No

Has any license, permit or privilege ever been suspended or revoked? .....  Yes  No

If yes, describe:

### Please list any relevant experience

Type of Equipment	From Mo/Yr	From Mo/Yr	Type of Equipment	From Mo/Yr	To Mo/Yr

Please list any other relevant experience:

Please list all states and provinces you have operated a commercial motor vehicle during the past 5 years:

Please list any safe driving awards you have received:

### Accidents and Incidents

Have you been involved in an accident in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If</span>			
yes, please complete the following:			
Date of accident	Location (city/state)	Fine (if any) \$	
Describe the accident			
No. of injuries	No. of fatalities	Was HazMat released? (other than fuel from tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of vehicle operated		DOT regulation cited	
Date of accident	Location (city/state)	Fine (if any) \$	
Describe the accident			
No. of injuries	No. of fatalities	Was HazMat released? (other than fuel from tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of vehicle operated		DOT regulation cited	
Date of accident	Location (city/state)	Fine (if any) \$	
Describe the accident			
No. of injuries	No. of fatalities	Was HazMat released? (other than fuel from tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of vehicle operated		DOT regulation cited	
Date of accident	Location (city/state)	Fine (if any) \$	
Describe the accident			
No. of injuries	No. of fatalities	Was HazMat released? (other than fuel from tanks) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of vehicle operated		DOT regulation cited	

### Employment Information

*List all periods of employment and unemployment in reverse order starting with the most recent CFR 391.51(b) requires 3 years of history to be verified and 7 subsequent years to be recorded for a total of 10 years employment history, or to the extent of which the applicant has worked. (If additional space is needed, please use Employment Information Attachment).*

Employer Name				Phone #	Fax #
Address				Position	
Supervisor	Dates Employed	From Mo/Yr	To Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other					
Employer Name				Phone #	Fax #
Address				Position	
Supervisor	Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other					
Employer Name				Phone #	Fax #
Address				Position	
Supervisor	Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If gap between employers, indicate reason: <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending School <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other					

Employer Name					Phone #	Fax #
Address					Position	
Supervisor		Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed  Other

Employer Name					Phone #	Fax #
Address					Position	
Supervisor		Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed  Other

Employer Name					Phone #	Fax #
Address					Position	
Supervisor		Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed  Other

Employer Name					Phone #	Fax #
Address					Position	
Supervisor		Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed  Other

Employer Name					Phone #	Fax #
Address					Position	
Supervisor		Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed  Other

Employer Name					Phone #	Fax #
Address					Position	
Supervisor		Dates Employed	From Mo/Yr	From Mo/Yr	Reason for leaving	
CDL Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you subject to the HMCR's while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the job designated as a safety sensitive function in any DOT-regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If gap between employers, indicate reason:  Unemployed  Attending School  Self-Employed  Other



# Applicant Certification

By signing this statement I certify that:

- This application for employment/contract was completed by me and that all entities on it and the information contained within it are true and correct to the best of my knowledge.
- As required by §383.21 of the FMCR's, I only have one motor vehicle operator's license.

Furthermore, I authorize you (the company or agencies) 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/contract decision. I hereby release any and all of; the employers, the schools, the health care providers, Corrales Trucking, their subsidiaries, as well as the other persons associated with this application for employment/contract and the subsequent processes and procedures from all liability in response to inquiries and the releasing of information in connection with my application. In the event of employment/contract, I understand that false or misleading information given in my application or interview(s) may be considered fraud and could be construed as criminal and may be grounds for termination and permanent discharge from this company. I understand that I am required to abide by all rules and regulations of the company as outlined in the company policies and statements.

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 as required by 49 CFR §391.23(d) and (e). I understand that I have the right to:

- a.) Review information provided by previous employers;
  1. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
  2. 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Corrales Trucking, Inc. is an equal opportunity employer. Corrales Trucking, Inc. not discriminate on the basis of race, color, religion, gender, age, sexual orientation, national origin or ancestry, physical or mental disability, marital status, pregnancy, veteran status, medical condition, or any other protected class or as defined by law.*

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## For Completion by Corrales Trucking Inc. Representative

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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## Request for Check of Driving Record

I hereby authorize Corrales Trucking, Inc. to generate a Motor Vehicle Report for the purpose of investigation as required by SS 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information

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Applicant's Signature

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Date

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Printed Name

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Date of Birth

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Driver's License Number and State of Issuance

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Date of Expiration

# Fair Credit Reporting Act Disclosure Statement

In accordance with the FAIR CREDIT REPORTING ACT (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that consumer reports verifying your previous employment, drug and alcohol test results, and driving record may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize Corrales Trucking, Inc. to obtain consumer reports on me for employment purposes. The authorization is ongoing in the event such a report is needed in the future.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

# Driver Statement of On-Duty Hours

**(For newly hired drivers only)**

Federal Motor Carrier Safety Regulation § 395.8(j)(2), requires that prior to using a driver for the first time, motor carriers obtain a signed statement from the driver that provides the total time they spent on-duty during the immediate preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the motor carrier. NOTE: All hours spent working for compensation during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

\_\_\_\_\_  
Driver's Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

**Driver's License:**

\_\_\_\_\_  
State                      Number                      Class                      Endorsement(s)                      Restriction(s)

Day	1 (yesterday)	2	3	4	5	6	7	
Date								<b>Total Hours</b>
Hours Worked								

\* Fill out the date of hire – to appropriately reflect the current HOS of Driver

I hereby certified that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at \_\_\_\_\_ am/pm (circle one) on \_\_\_\_\_  
Day                      Month                      Year

## Driver Certification for Other Compensated Work

When employed by a motor carrier, a driver must report all on-duty time, including time working for other employers, to that carrier. The definition of on-duty time found in FMCSR § 395.2 paragraphs(S) and (9), includes time performing any work in the capacity of, or in the employ/service of a common, contract, or private motor carrier, and compensated work for a non-motor carrier entity.

Are you currently working for another employer? .....  Yes  No

At this time, do you intend to work for another employer while still employed by this company? .....  Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date



Witness Signature

Date

# Certification of Compliance with Driver's License Requirements

## MOTOR CARRIER INSTRUCTIONS:

Part 383 requirements apply to every driver who operates a vehicle weighing 26,001 lbs. or more, can transport more than 15 people, or transports hazardous materials that require placarding in intrastate, interstate, or foreign commerce.

Part 391 requirements apply to every driver who operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people or transports hazardous materials that require placarding in interstate commerce.

## DRIVER REQUIREMENTS:

Parts 383 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) contain requirements with which you, as a driver must comply. These requirements went into effect on July 1, 1987 and are as follows:

- 1.) **POSSESS ONLY ONE LICENSE:** As a commercial motor vehicle driver, you may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional license(s) to the state(s) that issued them. Destroying a license does not close the record in the state that issued it; you must actually notify them via telephone or mail.

If a multiple license has been lost, stolen, or destroyed, you can close your record by notifying the state of issuance telephone or mail that you no longer want to be licensed by that state.

- 2.) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION, OR CANCELLATION:** §39L15(b)(2) and 383.33 of the FMCSR's require that you notify your employer/company you contract with no later than the **next business day** of any revocation or suspension of your driver's license.

In addition, §383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to your employing/contracting motor carrier and the state that issued your license (if the violation occurs in a state other than the one which issued your license). Both notifications must be in writing.

**The following license is the only one I will possess.**

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Driver's License Number	State	Expiration Date
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**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

# Pre-Employment/Contract Drug & Alcohol Statement

FMCSR §40.250) As the employer; you must also ask the employee 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 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 the return to duty process. (See §40.25(b)(5) and (e))

Prospective Employee/Contractor Name (please print): \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The prospective employee/contractor is required by §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?

Prospective Employee/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**MANDATORY USE FOR ALL ACCOUNT HOLDERS  
IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

I, in connection with your application for employment with Corrales Trucking Inc. (“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 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 information, 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:

I authorize Corrales Trucking Inc. (“Prospective Employer”) in 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 (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.

1. I further understand that neither the Prospective Employer nor the FMCA 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 DataQs system to the appropriate State for adjudication.
2. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PCP 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.

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I have read the above Notice Regarding 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.

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Applicant's Signature

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Date

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Printed Name

NOTICE: This form is made available to monthly account holders by NJCT 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 consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

# Hands Free Device Policy

Corrales Trucking, Inc. has adopted the HANDS FREE DEVICE POLICY effective 1/14/2014 because of the cell phone ruling put into place by the Federal Motor Carrier Safety Administration. The ruling states, Drivers who receive a ticket for talking or texting on a handheld phone will face fines up to \$2,750.00 for each offense and loss of license for multiple offenses. Corrales Trucking, Inc. can also be charged a fine up to \$11,000 per offense.

With that being said, if a driver is **caught** on a handheld phone or texting while driving it will be grounds for termination. Speaker phone, headsets, Bluetooth and talk to text are all legal at this time as long as you do not have a touch more than 1 button to operate or reach beyond normal driving position to operate.

**I have read and understand this policy.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name