

P&R Trucking

3690 Sprig Drive, Benicia, CA 94510

Phone: (510) 839-1602

Fax: (510) 839-1497

APPLICATION FOR CONTRACTING

NAME _____ (FIRST) _____ (MIDDLE) _____ (Maiden Name, if any) _____ (LAST)
 ADDRESS _____ (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ HOW LONG? _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

_____(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 _____(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 _____(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 _____(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVING EXPERIENCE			

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
 If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked?
If yes, explain _____

YES _____ NO _____

PRE-SCREENING DRIVER QUESTIONNAIRE

1. How many years have you been driving trucks? Port Experience?
2. Have you been an Owner Operator? How many years?
3. Tell about what type of truck you hauled for with your last employer.
4. How long have you been driving from your previous employer/ Motor Carrier Company?
5. Do you have the experience working on your own truck?
6. If so, What type of maintenance have you done on your truck?
7. Do you know to adjust your own brakes or trailer brakes? Do you have your own tools?
8. If you were doing to Merced and your get a flat tire on your trailer or truck? What will you do?
9. Do you have a problem weighing light and heavy for each shipment?
 - b. Drop Weigh
 - c. Certify Weigh
10. How flexible are you with different runs? Hours Flexible? Do you have any time conflict?

11. What type of initiative will you take on truck repairs?

12. How can you tell if you are overloaded or overweight?

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____ PHONE _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
GAPS IN EMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

LAST EMPLOYER: NAME _____ PHONE _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
GAPS IN EMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

LAST EMPLOYER: NAME _____ PHONE _____
ADDRESS _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____
GAPS IN EMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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.

- ¹I 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:
- Review information provided by current/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."

DATE _____ APPLICANT'S SIGNATURE _____
This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE _____ APPLICANT'S SIGNATURE _____

Motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

P&R Trucking, Inc.

3690 Sprig Drive, Benicia, CA 94510

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IMPORTANT NOTICE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for work with P&R 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 work 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 P&R Trucking, Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information including 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)

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of 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 reports verifying your previous employment, previous drug & alcohol test results, and your driving record (including a report from the Federal Motor Carrier Safety Administration) may be obtained on you for employment purposes. These reports are required by Sections 382.40 (b)(1)(i-iii), 382.405 (f)(h), 382.413 (a)(b)(c)(d)(f), 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

REQUEST / CONSENT FOR INFORMATION

This is in compliance with §382.405 (f) and (h), which state: (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request. An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent. §382.413 (a) (b) (c) (d) (f) further state: (a) An employer may obtain, pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers. (b) An employer shall obtain, pursuant to a driver's consent, information on the driver's alcohol tests with a concentration result of a 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding two years, which are maintained by the driver's previous employers under §382.40 (b)(1)(j) through (iii). (c) The information in paragraph (b) of this section must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety-sensitive functions for an employer. (e) The prospective employer must provide to each of the driver's employers within the preceding years the driver's specific written authorization for the release of the information in paragraph (b). (f) The release of any information under this part may take the form of person interviews, telephone interviews, letters, or any other method of obtaining information that ensures confidentiality. Each employer must maintain a written, confidential record with respect to each past employer contacted.

Section I: Completed by Prospective Owner / Operator

1. (Print Name) _____ SS# _____
Last Name _____ First Name _____
Previous Employer: _____ Contact: _____
_____ Phone _____
_____ Fax _____

I authorize the above mentioned employer to release and forward the information in Section II - V of this form concerning verification of employment, my Controlled Substance and Alcohol Testing records and my driving records to the following prospective carrier:

P&R Trucking, Inc. Attention: **MARIA TARANGO, SAFETY COMPLIANCE MANAGER**
36900 Sprig Drive, Suite B Phone: (510) 839-1602
Benicia, CA 94510 Fax: (510) 839-1497

Employee Signature _____

Date _____

Section II: Completed by Previous Employer Employment Verification

The applicant named above was (or is) employed by _____ or _____ sub-contracted with us Yes No
Job Title: _____ From (m/y) _____ To (m/y) _____
Did he/she drive a motor vehicle for you? Yes No If Yes, what type? Straight Truck Tractor-Semitrailer Bus Cargo Tank
Doubles/Triples Other: _____

Section III: Completed by Previous Employer Drug and Alcohol Testing Information

- | | |
|--|--|
| 1. Has this person ever tested positive for a controlled substance in the last three years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Has this person ever refused a required test for drugs or alcohol in the last three years? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Date of last drug and/or alcohol test: (if applicable) _____ | |

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

Name: _____ City, State, Zip: _____
Street: _____

Phone: _____

Date: _____

**Section IV: Completed by Previous Employer
Accident History**

Complete the following for any accidents included on your accident register, §390.15 (b), that involved the applicant in the 3 years prior to the application date shown on SIDE 1 or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other commercial motor vehicle accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

**Section V: Completed by Previous Employer
Drug and Alcohol History**

If applicant was not subject to DOT testing requirements under 49 CFR Part 40 while employed by you, please check here and return. Applicant was subject to DOT testing requirements from _____ to _____.

In answering these questions, include any required DOT drug or alcohol testing Information you obtained from other employers in the 3 years prior to the application date shown on SIDE 1. Within the last 3 years from the application date shown on SIDE 1:

1. Has this person violated any of the drug and/or alcohol prohibitions under 49 CFR Part 40 or Subpart B or Part 382, including Yes NO
 - a. An alcohol test with a result of 0.04 or higher alcohol concentration.
 - b. A controlled substances test result of positive, adulterated or substituted.
 - c. A refusal to submit to a random, post-accident, reasonable-suspicion, or follow-up controlled substances or alcohol test.
 - d. Alcohol use while performing or within 4 hours before performing safety-sensitive functions.
 - e. Alcohol use after an accident, in violation of §382.303.
 - f. Controlled substances use while on duty, except as allowed under §382.213.
2. If this person violated a DT drug and/or alcohol prohibition, did he/she fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional (SAP)? If the rehabilitation was required but you do not know if he/she began or completed such a program, check here NA
3. If this person successfully completed a SAP's rehabilitation referral and remained in your employ, did he/she subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refusal to be tested?

**Section VI-b: Completed by Previous Employer / Carrier
Complete section below received from previous employer.**

Previous Employer Name & Title: _____ Date: _____

Signature: _____ Method: Fax: _____ Mail: _____ Other: _____

TRUCK INFORMATION

TRUCK MAKE: _____

MODEL: _____

YEAR: _____

COLOR: _____

LICENSE PLATE #: _____

VIN #: _____

ENGINE FAMILY # _____

TIRE SIZE: _____

RIM TYPE: _____

AXLES: _____

TARE WEIGHT: _____

FASTRAK #: _____

RFID #: _____

CA #: _____

PRE-PASS # (CVSA STICKER): _____

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INSURANCE REQUIREMENTS

P&R Trucking requires all of our drivers to meet the following insurance requirements. You can obtain your own insurance or you can sign-up for our competitively priced company policy.

Our insurance requirements are:

Liability Limit:	\$1,000,000
Uninsured Motorist:	\$ 60,000
Cargo:	\$ 100,000 with \$1000 Deductible
Trailer Interchange:	\$ 25,000 with \$1,000 Deductible
Tractor Physical Damage:	\$ 35,000 with \$1000 Deductible

Certificate Holder: P&R Trucking, Inc.
3690 Sprig Drive, Suite B
Benicia, CA 94510

Additional Insured: P&R Trucking, Inc.
3690 Sprig Drive, Suite B
Benicia, CA 94510

“A little PR goes a long way!”