

ALLIANCE TRANSPORT INC.

5855 Bicentennial Street
San Antonio, Tx 78219

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Phone: (210) 661-0900
Fax: (210) 661-0911

APPLICATION FOR EMPLOYMENT

Name _____ SSN # _____

Phone () _____ DOB : _____

Present Address _____ How Long ? _____

CURRENT DRIVER'S LICENSE INFORMATION

State _____ Exp. Date _____ License # _____ HAZMAT Yes _____ No _____

List any states you have held a license in the last 5 years: _____

LIST ALL ACCIDENTS AND INCIDENTS - CHARGEABLE AND NON-CHARGEABLE FOR THE PAST 3 YEARS:

(Use separate sheet if necessary). If you have no tickets in the past 3 years, write none.

Date	Nature of Accident Describe: (head-on, rear-end, lane changes, etc.)	Fatalities	Injuries	Extent of Damages - \$\$
Last Accident				
Next Accident				
Next Accident				

LIST ALL TRAFFIC CONVICTIONS (Tickets) AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking tickets)

(Use separate sheet if necessary). If you have no tickets in the past 3 years, write none. For speeding violations, include actual speed and posted speed limit. DO NOT use violation codes.

	Location	Date	Charge	Penalty
1.				
2.				
3.				

If hired, can you provide proof that you are eligible to work in the United States? Yes _____ No _____

Have you ever been convicted of, or are charges currently pending for any of the following:

Felony Yes _____ No _____ If yes, when ? _____

Misdemeanor Yes _____ No _____ If yes, when ? _____

Driving a vehicle while under the influence of alcohol (.04 or more) Yes _____ No _____ If yes, when ? _____

Driving a vehicle while under the influence of controlled substance Yes _____ No _____ If yes, when ? _____

Careless or reckless driving Yes _____ No _____

Has your license ever been suspended? Yes _____ No _____ If yes, when? _____

Possession, sale or use of a controlled substance including marijuana Yes _____ No _____

Leaving the scene of an accident Yes _____ No _____

Is there any reason you would not be qualified or able to drive a commercial vehicle? Yes _____ No _____

If yes, please explain _____

Have you ever violated any DOT prohibitions on drug or alcohol use? (refused to take a test, used drugs/alcohol during or before work, worked while impaired by alcohol or drugs? Yes _____ No _____ If yes, when? _____

Have you ever been told that you tested positive for drugs or alcohol? Yes _____ No _____ If yes, when? _____

WORK HISTORY - LAST TEN (10) YEARS

Notice to Applicant: Pursuant to 49 CFR.21 and Alliance Transport, Inc., company policy, you must provide the information requested below for **ALL** your employers during the previous ten years. The information provided may be used and previous employers may be contacted for the purpose of investigating your safety performance history information. From the date of this application until 30 days after Alliance Transport, Inc., has qualified you or notified you of our denial of your qualification as a driver you may make a written request to review information provided by previous employers, have errors in the information corrected by any previous employer and for that previous employer to re-send the corrected information to Alliance Transport, Inc., and have a rebuttal statement attached to the alleged erroneous information if you and the previous employer cannot agree on the accuracy of the information.

Employer _____	Telephone () _____
Address _____	
Date of Employment: From _____	To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____	
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.	
_____ Check here if you were subject to DOT drug & alcohol testing at this job.	

Employer _____	Telephone () _____
Address _____	
Date of Employment: From _____	To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____	
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.	
_____ Check here if you were subject to DOT drug & alcohol testing at this job.	

Employer _____	Telephone () _____
Address _____	
Date of Employment: From _____	To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____	
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.	
_____ Check here if you were subject to DOT drug & alcohol testing at this job.	

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.

Date: _____ **Signature:** _____

Employer _____ **Telephone ()** _____
Address _____
Date of Employment: From _____ To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.
_____ Check here if you were subject to DOT drug & alcohol testing at this job.

Employer _____ **Telephone ()** _____
Address _____
Date of Employment: From _____ To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.
_____ Check here if you were subject to DOT drug & alcohol testing at this job.

Employer _____ **Telephone ()** _____
Address _____
Date of Employment: From _____ To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.
_____ Check here if you were subject to DOT drug & alcohol testing at this job.

Employer _____ **Telephone ()** _____
Address _____
Date of Employment: From _____ To: _____ Position: _____
Reason For Leaving: _____ Supervisor: _____
_____ Check here if you were subject to the Federal Motor Carries Safety Regulations at this job.
_____ Check here if you were subject to DOT drug & alcohol testing at this job.

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.

Date: _____ **Signature:** _____

**RELEASE & DOCUMENTATION OF TESTING INFORMATION
BY PREVIOUS EMPLOYER**

This form may be used to fulfill the requirements of § 382.413 obtaining information from a new driver's previous employer(s) regarding past drug and alcohol testing results. This information must be obtained from all employers of all new drivers within the preceding two years. It must be obtained no later than 14 calendar days after the first time a driver performs a safety sensitive function. Send a separate request to each previous employer you may be contacting. After it is completed and by a program representative, keep the form in the driver's qualification file.

Date of driver's employment application: _____/_____/20_____

PART 1, TO BE COMPLETED BY THE DRIVER/APPLICANT

I, _____ hereby authorize _____
(DRIVER/APPLICANTS NAME) (PREVIOUS EMPLOYER COMPANY NAME)

to release to _____ at _____
(COMPANY CONTACT) (NEW EMPLOYER COMPANY NAME)

(ADDRESS) _____ (CITY, STATE, ZIP) _____

(PHONE) _____ (FAX) _____

Results fo any positive controlled substance test, alcohol test with a result of 0.04 or greater; evidence of refusal to be tested; and information on any required substance abuse professional (SAP) evaluation, determination of need for assistance, and compliance with SAP recommendations for preceding two years since December 31, 1994 (December 31, 1995 for employers with less than 50 drivers), whichever is less. I request such records be released immediately. This authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____ 20_____

(APPLICANT'S NAME) (APPLICANT'S SIGNATURE)

PART 2, TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for controlled substances in the past two years during their employment with your company? YES NO
2. Has this person ever had a breath alcohol test with a result of 0.04 or greater in the past 2 years during their employment with your company? YES NO
3. Has this person ever refused a required test for drugs or alcohol in the past 2 years during their employment with your company? YES NO

NOTE: If YES to any of the above questions, please note any documentation relating to the SAP evaluation, determination and compliance, and give the SAP'S name, address and phone number for further reference.

SAP Name: _____ SAP Phone: _____

SAP Address: _____

SAP City, State, Zip: _____

Name of Person Releasing Information: _____ Date: _____/_____/_____

Signature of Person Releasing Information: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____

Social Security Number: _____

_____ has made an application to his company for a position as _____ and states that he/she was employed by you as a _____ from _____ to _____. Please reply to the inquiry below referencing this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self-addressed envelope.

Respectfully,

Brenda J. Torres
HR Manager

1. Is the employment record with your company correct as stated above? _____
2. What kind(s) of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? Passenger car _____ Bus _____ Straight Truck _____
Tractor Semi trailer _____ Other (specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Give the dates of vehicle accidents in which he/she was involved _____
6. Reason for leaving your employment? Discharged _____ Laid Off _____ Resigned _____
Comments: _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

<u>Quality of Work</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Very Poor</u>
Cooperation with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____
Personal Habits	_____	_____	_____	_____	_____
Driving Skills	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

Date: _____

(Name of Former Employer)

You are hereby authorized to give to: _____
(Name of Prospective Employer)

All information regarding my services, character and conduct while in your employment, and are released from any and all liability which may result from furnishing such information to the above named company.

Applicant's Signature _____ Date _____

Disclosure Consent Application For Employment Purposes

I hereby give consent and authorize Alliance Transport, Inc., hereinafter referred to as "Company", to prepare or have prepared an investigative report for employment purposes, which may include information about me obtained from law enforcement agencies, state agencies, public records information, non-public pre-employment consumer reports or identification reports, Social Security information, criminal history information, motor vehicle records such as are allowed by law and in accordance with the Americans With Disabilities Act.

I hereby release Company and whomever Company designates from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Signed: _____	Date: _____
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Please Print Your Full Name: _____		
Please Print Any Other Names You Have Used: _____		

Home Address: _____		
City: _____	State: _____	Zip: _____

