

Thank you for your interest in applying for a truck driving position in Cheema Freightlines LLC. Please fill out the attached application accurately and completely. Along with this application please include a copy of:

- Copy of your CDL
- Copy of your Medical Card
- Copy of your Driving Record within the previous 30 Days
- Copy of your Social Security Card

For Office Use Only- Copy of Each Document Must Be Kept In Driver File

Completed Application
 Work History Yrs (Address & Phone)
 Completed Previous Employer Requests
 Passed Company Drive Test (Must Keep Copy of Test)
 Driving Record
 Cleared By Insurance _____ Date Added To Policy
 Pre-Employment Drug Screen Tested Negative
 Applicant Hired
 _____ Date

Fax: (209) 599-0778

Position Applying For:

Company Driver Owner-Operator



DRIVER QUALIFICATION APPLICATION

Date: _____

Applicant's Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State/Zip _____

How Long At Present Address _____ **Social Security #:** _____ - _____ - _____

Date Of Birth: _____ **Medical Card Expiration Date** _____

Driver's License # _____ **State** _____ **Expiration Date** _____

Past Addresses (Previous Three Years)

Street	City	State/Zip	How Long?
1.			
2.			
3.			

Phone _____ **Cell** _____ **E-Mail** _____

In Case Of Emergency Notify: Name _____ Phone # _____

Education History:

Please Circle The Highest Grade Completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

PLEASE READ AND ANSWER THE FOLLOWING CAREFULLY AND CORRECTLY

- A. Have you **EVER** been denied a license, permit, or privilege to operate a motor vehicle? YES NO
- B. Has your motor vehicle operator's license, permit, or privilege been suspended or revoked? YES NO
- C. Have you **EVER** been disqualified from driving a motor vehicle under the D.O.T.regulations? YES NO
- D. Have you **EVER** been convicted for driving under the influence of alcohol or drugs? YES NO
- E. Have you **EVER** been convicted for possession, sale, or use of a controlled substance? YES NO
- F. Have you **EVER** been convicted of a serious traffic violation, such as careless or reckless driving or willful reckless driving, etc.? YES NO
- G. Have you **EVER** been convicted of, found not guilty by reason of insanity, plead guilty, or plead no contest for, a felony (as defined by any U.S. or state law) at any time during the seven (7) years before the date of this application? YES NO



EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Note; DOT requires that employment for the last 3 years and/or Commercial Driving experience for the past 10 years to be shown.

CURRENT EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone:(____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No

SECOND LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone:(____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No

THIRD LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone:(____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No

FORTH LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone:(____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No



EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Note; DOT requires that employment for the last 3 years and/or Commercial Driving experience for the past 10 years to be shown.

FIFTH LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone: (____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
_____ States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No

SIXTH LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone: (____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
_____ States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No

SEVENTH LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone: (____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
_____ States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No

EIGHTH LAST EMPLOYER

Month Year Month Year Company Name: _____
From: _____ | _____ To: _____ | _____ Address: Street _____ City _____ State _____
Phone: (____) _____ - _____ Position Held: _____
Type of Equipment Driven: _____ Reason For Leaving: _____
_____ States In Which You Drove: _____

Were you subject to DOT regulations while working for this employer? Yes No

Were you required to perform safety sensitive functions (such as driving) subject to DOT drug and alcohol testing?
 Yes No



TRAFFIC CONVICTIONS, OTHER THAN PARKING VIOLATIONS: LIST PAST 3 YEARS
Include On-Duty or Off-Duty and while in either a commercial or personal vehicle.
IF NONE, WRITE "NONE"

Date	Offense	City/State

JOB REFERENCES

List three (3) people, other than family members, who have knowledge of your safety habits.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



NOTICE TO DRIVER

The Commercial Motor Vehicle Safety Act of 1986 provides for a new set of controls over the drivers of commercial vehicle. The new law applies to all drivers operating vehicle and combinations of vehicles with a Gross Vehicle Weight Rating (GVWR) Over 26,000 pounds, and to any vehicle regardless of weight, transporting hazardous materials.

1. No driver may have more than one license, and no motor carrier may use a driver having more than one license.
2. A driver convicted of a traffic violation (other than parking) must notify the motor carrier and the state which issued the license to that driver of such conviction. Notification must be within 30 days of convictions.
3. Any person applying for a job as a commercial motor vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial motor vehicle for the past 10 years. This is an addition to any other required information about the applicant's employment history.
4. Any violation is punishable by a fine not to exceed \$2,500. In addition, the Federal Motor Carrier Safety Regulations now require that a driver who loses any privilege to operate a commercial vehicle or who is disqualified from operating a commercial vehicle must advise the motor carrier the next business day after receiving notification of such action.

CERTIFICAION BY DRIVER

I hereby certify that I have read and understand that driver provisions of the Commercial Motor Vehicle Safety Act of 1986. I further certify that I the license listed at the top of the application is the only one held.

Driver's Name _____ Social Security No. _____ - _____ - _____

Driver's Signature: _____

Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER



I hereby authorize you to release the following information to **CHEEMA FREIGHTLINES LLC** for purposes of investigation as required by Section 391.23 of Federal Motor Carrier Safety Regulations. You are released from any and all liability that may result from furnishing such information.

I hereby authorize my previous employer to release and forward all information on my Alcohol and Controlled Substances Testing/Training records and any other records requested to **CHEEMA FREIGHTLINES LLC** in compliance with Section 382.405 and Section 382.413.

SS# _____ X _____
(Date) (Print Name)

_____ X _____
(Date) (Applicant Signature)

APPLICANT-DO NOT COMPLETE ANYTHING BELOW THIS LINE

Dear Sir/Madam:

The below named individual has applied to **CHEEMA FREIGHTLINES LLC** for a position as a DRIVER and states that he/she was employed by _____ as _____
COMPANY NAME

from _____ to _____.

Name of Applicant _____ SS# _____

We appreciate your time in completing, in confidence, the information requested below.

Sincerely, **CHEEMA FREIGHTLINES LLC**

- Employed from _____ to _____ as _____ (OTR/REGIONAL/LOCAL DRIVER)
- Did he/she drive a commercial vehicle for you? Yes or No (circle one)
- Reason for leaving your company: _____
- Was his/her general conduct satisfactory? _____ Eligible for Rehire? _____

ACCIDENT RECORD

Please list **all** accidents within the past **three years**.

Date	Offense	City/State

Other Remarks _____

- Has this person ever tested positive for a controlled substance in the past three years? Yes No
- Has this person had a alcohol test with a B.A.C. of 0.04 or greater in the past three years? Yes No
- Has this person had other violations of D.O.T. agency Drug and Alcohol in the past three years? Yes No
- Has this person ever refused a required test for drugs or alcohol in the past three years? Yes No
- Has this person violated a D.O.T. drug or alcohol regulation in the past three years? Yes No
 - If yes, has this person successfully completed follow-up and return to duty testing? Yes No

(This includes any information obtained from previous employers relating to drug or alcohol testing.)

If you answered YES to any of the above questions, please give the SAP's name, address, and phone number for further reference:

Name _____ Phone _____

Address _____

Signature X _____ Title _____ Date _____

PLEASE FAX BACK TO (209) 599-0778 ASAP