

Driver Qualification File

Safety Dept. Phone
(859) 442-4650



Castellini Company
2 Plum Street
Wilders, KY 41076

EMPLOYEE - DRIVER APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Signature of Applicant _____ Date _____

Name _____ Phone: (____) _____
First Middle Last

*Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street _____ City _____ State _____ Zip Code _____

Street _____ City _____ State _____ Zip Code _____

Position applying for _____ Full time employment _____

Who referred you? _____

Have you been employed by this company before? YES NO Dates: From _____ To _____
month/year month/year

If yes, to what capacity _____

Individual you reported to: _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School attended _____

Have you ever attended a Certified Truck Driving School: YES NO Date you graduated _____

GENERAL

Have you ever been bonded? YES NO Name of bonding company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to qualify - all circumstances will be considered.

Have you ever worked with this company under another name? _____ If so under what name? _____

Driver Experience & Qualification

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth §(391.21 (b)(2))
month/day/year

Social Security No. _____ - _____ - _____ FE.I.N. if Applicable _____

DRIVER EXPERIENCE & QUALIFICATION (cont'd)

Licenses

Drivers Licenses Held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to A, B, C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Reefer, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi- Trailer				
Twin Trailers - LVC's				
Other				

List states operated in during last 5 years _____

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

List driving awards held and who awards were presented by _____

Accident review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21 (B) (10), (11)

Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ month/year To _____ month/year Salary _____

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ month/year To _____ month/year Salary _____

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ month/year To _____ month/year Salary _____

Reason for leaving _____

EMPLOYMENT RECORD CONTINUED

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21 (B) (10), (11) Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary.)

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (_____) _____

Address _____ Relation _____

CHARACTER REFERENCES

Name _____

Address _____

Phone Number (_____) _____ Relation _____

Name _____

Address _____

Phone Number (_____) _____ Relation _____

Name _____

Address _____

Phone Number (_____) _____ Relation _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

 List platform equipment you can operate (lift truck, etc.) _____

 List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this driver qualification file. It is agreed and understood that Castellini Company, LLC, or it's agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release past employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job driving Castellini Company, LLC it may be conditioned on the results of a physical examination and drug/alcohol test.

I understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. No representative or agent of the Company, has the authority to enter into any agreement for employment for any specified period of time other than in a document signed by the President.

It is also agreed and understood that under the Fair Credit Reporting Act, Public law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. Under company policy, Castellini Company, LLC may perform a criminal check to verify some personal information.

I further certify that I am a genuine applicant for driving and this driver qualification file is being submitted solely for the purpose of seeking a driver position.

I agree to furnish such additional information and complete such examinations as may be required to complete my driver qualification file.

I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal from operating equipment from Castellini Company, LLC.

If employed, I agree to abide by all the rules and policies of Castellini Company, LLC, and the U.S. Dept of Transportation / Federal Highway Administration.

This certifies that this Driver Qualification file 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 _____ Applicant Signature _____

**FOR OFFICE USE--DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Employed? _____ Yes _____ No
 Date Employed _____ Rejected _____
 Department _____ Probation Period _____
 Classification Driver _____ Trainee _____
 (If rejected, summary report of reasons should be placed in file)

THIS SECTION TO BE FILLED IN BY SAFETY MANAGER OR RESPONSIBLE COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Qualification File						
2. Interview						
3. Physical Exam						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

Signature of Safety Manager or Interviewing Representative _____ Date _____

TERMINATION OF EMPLOYMENT AND/OR SERVICES

Date Employment Terminated _____ Fleet Released From _____
 Terminated _____ Voluntary Quit _____ Other _____
 Termination Report Placed in File _____ Supervisor _____

Disclosure and Release

I, _____ authorize CASTELLINI COMPANY LLC or any other third
 (PLEASE PRINT)

party such as DAC Services, to obtain any and all past employment/lease records regarding previous employment/lease (work history) and other areas of my background such as past employer/lease inquiries, retail credit inquiries, criminal record inquiries, driving history, educational records, drug/alcohol testing results and safety performance history. I agree to hold CASTELLINI COMPANY LLC and any and all of my past employers/lessees, harmless regarding any information that is obtained during the background inquiry. I am aware that this report in part is prepared under the guidelines of the Fair Credit Reporting Act (FCRA) and I am eligible to receive, upon written request, a copy of the report to view and possibly correct if not leased or not permitted to operate a vehicle for an owner-operator leased to CASTELLINI COMPANY LLC.

I have the right to make a request to DAC and/or my past employers, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the resources of information, and the recipients of any reports on me which DAC has previously furnished within the three-year period preceding my request. I hereby consent to CASTELLINI COMPANY LLC obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my qualification history with CASTELLINI COMPANY LLC if I am qualified, will be supplied by DAC to other companies, which subscribe to DAC Services.

I hereby authorize procurement of driving record report(s). If qualified, this authorization will remain on file and will serve as ongoing authorization for CASTELLINI COMPANY LLC to procure driving reports at any time during my qualification period. As of 10/29/04, I also authorize CASTELLINI COMPANY LLC to create and maintain a Driver Investigation History File (DIHF) on my behalf in accordance with part 391(FMCSR).

	Last Name	First Name	Middle Initial
	Street Address	City	State Zip Code
	(Area Code) +Home Phone Number	(Area Code) + Cell Phone Number	
	State & County of Residence	Social Security Number	
	Date of Birth	Applicant's Signature	
	Driver's License State	Driver's License Number	Date

HOW DID YOU HEAR ABOUT US? _____

HAVE YOU EVER BEEN CONVICTED OF A DUI, DWI OR FELONY?

Yes No

BY INITIALING THIS, I AGREE THAT I HAVE SUBMITTED THIS APPLICATION VIA THE INTERNET AND AUTHORIZE CASTELLINI COMPANY LLC OR ANY OF THEIR AFFILIATES TO PERFORM NECESSARY BACKGROUND INQUIRIES. INITIALS _____

MAY WE CONTACT YOUR CURRENT EMPLOYER?

Yes No