

**FRANK C. ALEGRE TRUCKING, INC.**  
**PO BOX 1508**  
**Lodi, California 95241**

DATE: Friday, January 27, 2012  
TO: **All Driver Applicants**  
FROM: **Henry Rotor (Safety Director)**  
SUBJECT: **EMPLOYMENT APPLICATIONS**

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**Thank you for your interest in Alegre Trucking. Please complete the enclosed application, attach the documents listed below, and call our Lodi office to set up an appointment. In order for your application to be considered for processing you must have the following:**

- *Medical Long Form* and the medical "green" card
- If you have three (3) points within the last three years, you need not apply.
- No DUI in (5) years.
- Must have (2) years verifiable driving experience in equipment he/she will be Driving.
- Current California CDL, including back side, if restrictions are shown
- All applicants (must) be 23 years of age.
- Doubles/ Triples Endorsements
- Tanker Endorsements
- 10 year printout from DMV, *dated within the last 30-days*
- Social Security card
- All Fax numbers of previous employers.

(IF) this is not in order, you may be passed as an applicant of consideration. HR.

**Once you have the application completed, and all documents listed above, return it to the office for review. If you sent in a FAX, your application will be reviewed and a call will be made to you (if) you qualify, or if a position applies to your experience. Fax 209-334-2005 make sure all of our requests are included.**

Under the section Previous Employers (which must include your present employer, if it applies) We are required by DOT and our insurance carrier to send letters of previous employment and to verify your participation in any random drug/alcohol programs. *We are governed by DOT, which requires a 10-year work history. On your application, you must include the full mailing address and phone number of each past employer that you list, including (fax) numbers.*

All driver applicants who are considered for employment must take and pass an N.I.D.A. urine drug screen. and background check. *If you won't pass, don't bother applying!*

# APPLICATION FOR EMPLOYMENT

Frank C. Alegre Trucking, Inc.  
PO Box 1508  
Lodi, CA 95241

## **Applicant: Read and sign before submitting this application**

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations (FMCSR)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Position applying for: \_\_\_\_\_ Rate of expected pay? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Position \_\_\_\_\_ (From) \_\_\_\_\_ (To) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Ever worked for this Co. under another name? ( )-Yes ( )-No \_\_\_\_\_

If so, under what name?

Names of relatives employed by this company \_\_\_\_\_

Are you currently employed? ( )-Yes ( )-No If not, how long since last employed? \_\_\_\_\_

## CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime? Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order.

NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts, Nevada, New York, or Washington.

Yes  No Please explain any "Yes" answer. Use additional paper if necessary.

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Are you currently awaiting trial for any criminal offense?

Yes  No Please explain any "Yes" answer. Use additional paper if necessary.

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## INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

**California Applicants:** Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Do not disclose your referral to or participation in any pretrial or post trial diversion program. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

**Connecticut Applicants:** Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b - 146, 54 - 76c or 54 - 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

**District of Columbia Applicants:** Do not identify convictions that are more than ten (10) years old.

**Georgia Applicants:** Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

**Hawaii Applicants:** Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

**Massachusetts Applicants:** An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

**Nevada Applicants:** Only disclose misdemeanors that result in imprisonment and all felonies.

**New York Applicants:** Do not disclose information regarding any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law.

**Washington Applicants:** Do not identify any conviction that is more than ten (10) years old at the time of making this application.

PERSONAL AND CONFIDENTIAL

## VOLUNTARY EEO SELF-IDENTIFICATION FORM

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with required government recordkeeping and reporting requirements as well as affirmative action obligations, if applicable. This information is not part of your employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information, please complete the following:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of job applied for: \_\_\_\_\_

### SEX

- Male
- Female

### RACE/ETHNICITY

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

- Yes
- No

If you answered "No" to "Are you Hispanic or Latino?" please indicate what race/ethnicity you believe yourself to be:

- American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

**PERSONAL AND CONFIDENTIAL**

## VOLUNTARY VETERANS AND DISABILITY SELF-IDENTIFICATION FORM

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with any required government recordkeeping and reporting requirements as well as any affirmative action obligations. This information is not part of your employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information, please complete the following:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of job applied for: \_\_\_\_\_

Are you an individual with a disability? (You may be an individual with a disability if you have a physical or mental impairment which substantially limits you in one or more major life activity, or have a record of having such impairment, or are regarded as having such impairment.)

- Yes  
 No

### VETERAN STATUS

- Special Disabled Veteran
1. A veteran who is entitled to compensation under laws administered by the Department of Veterans Affairs for advisability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or
  2. A veteran who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran
1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases; or
  2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases.
- Recently Separated Veteran
1. Any veteran who served on active duty during the three year period beginning on the date of such veteran's discharge or release from active duty.
- Other Protected Veteran
1. A veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Armed Forces Service Medal Veteran
1. A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

PERSONAL AND CONFIDENTIAL

**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE  
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Frank C. Alegre 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 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.

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. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

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 Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Frank C. Alegre 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 regarding my safety inspection history. I understand that I am authorizing 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.

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 challenge 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.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, 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)

NOTICE: This form is made available to monthly account holders by NIC 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 PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

**DRIVER EXPERIENCE & QUALIFICATIONS:**

- 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 Regulation (FMCSR)? ( )-Yes ( )-No

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

**LICENSE**

List all Drivers' License held in the past three years:

State	License Number	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Endorsements: \_\_\_\_\_ Point Count: \_\_\_\_\_

Year you acquired your class (A) /CDL \_\_\_\_\_

**\*(TWIC) "TRANSPORTATION WORKERS IDENTIFICATION CREDENTIALS"**  
**(TWIC) Card Holder" mark with (X)":** Yes No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*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? Yes No**



## EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July, 1987 you must show commercial driver employment for the seven years immediately preceding this three-year period (as defined in Sections 391-21 (b) 10, 11).

Start with last or current position, including military experience, and work back, (Attach a separate sheet of paper if needed). In addition, you must account for all lapses in time between jobs, such as unemployed, incarceration, etc. SHOW LAST TEN (10) YEARS

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone \_\_\_\_\_ FAX# \_\_\_\_\_

Position Held \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Were you subject to FMCSR's while employed? ( ) Yes ( ) No

Was your job designated as a safety sensitive function in any DOT regulated mode, subject to the drug and alcohol testing requirements of 49CFR, part 40? ( ) Yes ( ) No

Reason for leaving: \_\_\_\_\_

## DRIVING EXPERIENCE – QUALIFICATIONS

Equip. Class	Equip. Type (Vans, Flats, Tankers, etc.)	Dates From	To	Approx. Miles
Straight Truck	_____	_____	_____	_____
Tractor/Semi-Trlr	_____	_____	_____	_____
Twin Trailers	_____	_____	_____	_____
Others:	_____	_____	_____	_____

List States operated in during past five-(5) years: \_\_\_\_\_  
 \_\_\_\_\_

List Special courses or training that will help you as a driver: \_\_\_\_\_  
 \_\_\_\_\_

List safe driving awards held and who awards were presented by: \_\_\_\_\_

**Accident Review for past three years (Attach a separate sheet of paper if more space is needed).**

Dates	Nature of Accident, (head-on, rear-end, etc.)	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____

**Traffic Convictions and Forfeitures for the past three years other than parking violations:**

Location/ City	Penalty	Date	Charge
_____	_____	_____	_____

**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: \_\_\_\_\_

Did you attend a Truck Driving School? Yes No

Name/Location of School \_\_\_\_\_

**MAINTENANCE EXPERIENCE – QUALIFICATIONS**

List courses and training in maintenance work \_\_\_\_\_

Indicate if you have experience in the following areas:

**JOB FUNCTION**

Drive Line Components	( )	Body Work	( )
Diesel Engine Tune-up & Rebuild	( )	Electrical Repair	( )
Gas Engine Tune-up & Rebuild	( )	Frame & Wheel Alignment	( )
Tire Service	( )	Brakes	( )
Trailer Repair	( )	Cooling System	( )
Air Conditioning	( )	General Inspections	( )
CA. CHP/DOT B.I.T. Inspections	( )		

**SHOP EQUIPMENT**

Electrical Diagnostic Equipment	( )	Wheel/Tire Balancing Equipment	( )
Sheet Metal Equipment	( )	Tire Recapping Mold	( )
Frame & Axle	( )	Engine Dynamometer	( )
Straightening Equipment	( )	Chassis Dynamometer	( )
Engine Rebuilding	( )	Magnetic Crack Detector	( )
Engine Analyzer	( )	Diesel Injection Equipment	( )
Noise Measuring Equipment	( )	Electric Welder	( )
Oxyacetylene	( )	Smoke Measuring Equipment	( )

**APPLICANT MUST READ AND SIGN**

It is agreed and understood that the employer or his agents may investigate background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

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.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file. I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

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.

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

\_\_\_\_\_  
Date



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, \_\_\_\_\_

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE
Lodi San Joaquin CA
DATE SIGNATURE OF EMPLOYEE
X

I, [Signature], of Frank C. Alegre Trucking, Inc. AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE
Lodi San Joaquin CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X [Signature]

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.