

TESTA PRODUCE, INC.

Green by Nature... Greener by Choice

Driver's Application for Employment

Personal Information

Name: _____ Phone Number: (____)____-____
 (Last Name) (First Name) (Middle Initial)

Address: _____
 (Street) (Apt #) (City) (State) (Zip)

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Addresses (Past 3 Years)

Street and Apt #	City	State	Zip	Years at this address

Experience and Qualifications

Driving Experience

Class of Equipment	Type of Equipment	Dates	Makes, Models, Manufacturers
Straight Truck			
Tractor Trailer			
Doubles or Triples			
Other			

Driver License

License Number	State	Type of License	Expiration Date

Accident Record (Past 3 Years)

Location	Date	Nature of Accident	Fatalities		Injuries	
			Yes	No	Yes	No

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			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

Traffic Convictions and Forfeitures (Past 3 Years)

Location	Date	Violation	Penalty

Have you ever been denied a driver's license or permit? YES NO

Has your driver's license or permit ever been suspended or revoked? YES NO

If the answer to either of these questions is YES, please explain:

Employment History

Note: DOT requires employment history for at least 3 years and/or commercial driving experience for the past 10 years. (Please attach an additional sheet if needed)

Last Employer: _____ Dates: _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Position: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

Second to Last Employer: _____ Dates: _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Position: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

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Third to Last Employer: _____ Dates: _____

Address: _____
(Street) (Apt #) (City) (State) (Zip)

Position: _____

Supervisor: _____ Phone Number: _____

Reason for leaving: _____

You must answer the following questions. Failure to do so will result in voiding of your application.

1. Have you tested positive or refused to test on a pre-employment drug and alcohol test administered by an employer that you applied to, but did not obtain, safety sensitive transportation work? Yes No

2. Have you ever tested positive for drugs and/or alcohol on a test required by the DOT Federal Motor Carrier Safety Regulations? Yes No

3. If you answered yes to either of the above questions, have you completed required treatment and return to duty testing as order by a certified Substance Abuse Professional (SAP)? Yes No

This certifies that this application was completed by me and that all information is true and complete to the best of my knowledge.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Please be informed that the above provided information will be used to conduct an investigation into your safety performance history and previous employers will be contacted to provide information.

You, as an applicant, have the following rights as listed in FMCSA 49 CFR 391.23

- The right to review information provided by previous employers
- The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to your prospective employer
- The right to have rebuttal statement attached to the alleged erroneous information if you and your previous employer cannot agree on the accuracy of the information.

If you would like to review the safety performance history provided by a previous employer, you may do so by submitting a written request to us any time after the date of application or as late as 30 days after becoming employed with us or being notified of denial of employment.

Request to make corrections of information provided by previous employers must be submitted to that previous employer. You may report failures of previous employers to correct information or allow for rebuttal via procedures outlined in FMCSA 49 CFR 386.12.