

Truck Driver Application for Employment



Platinum Enterprises
575 Iowa Ave
Riverside Ca 92507

Phone: 951-684-3444
Fax: 951-684-3443

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital status, or non-job related disability. Please answer all questions. If the answer to any question is "No" or "None", do not leave the item blank, but write "No" or "None". T-SHIRT SIZE: _____

Date of Application MM/DD/YY) _____ / _____ / _____ Phone #: _____ Cell# _____

Last Name _____ First Name _____ Middle _____

SSN _____ - _____ - _____ Date of Birth (MM/DD/YY) _____ / _____ / _____

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

Medical Exam: Date of Issue _____ / _____ / _____ Expiration Date _____ / _____ / _____

List current address and all addresses at which you have resided during the past 10 years:

Current Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Address _____ City _____ State _____ ZIP _____ From _____ / _____ to _____ / _____

Home Phone # (_____) _____ - _____ Cell Phone # (_____) _____ - _____

Emergency Contact Name _____ Phone # (_____) _____ - _____

Truck Driving Position Applying for: Part Time _____ Full Time _____

How did you hear about us? _____

Have you worked for Platinum Enterprises before? _____ What Position? _____

If Yes, please provide the dates of previous employment: From _____ to _____

Education

High School Attended _____ City _____ State _____ Graduated? YES NO

College/Trade School Attended _____ City _____ State _____ Graduated? YES NO

Driving School Attended _____ City _____ State _____ Completion Date _____

Have you ever been convicted of a felony? _____ if yes, please explain. _____

Have you ever been convicted of/or have a pending DWI/DUI? _____ If yes, when? _____

Are you authorized to work in the United States? _____

Employment Record

Please start with the most recent employer.

In accordance with FMCSR 391.21 & .23, an applicant must list all previous work experience for the three (3) years prior to the date of the application shown on page one, as well as all commercial driving experience for the seven (7) year period prior to those three years, for a total of 10 years. Include your job description, date of employment, reason for leaving and whether you were subject to FMCSA & U.S. DOT alcohol and controlled substance testing requirements for each job listed. Please start with the most recent employer. Include self-employment or time leased to another carrier. Use an additional sheet if needed. Any gaps in employment (including unemployment or retirement) must be explained.

.....

Employer _____ from _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....

Employment Record Continued

Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....
Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....
Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO

.....
Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO
.....

Employment Record Continued

Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO



Employer _____ From _____ to _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Equipment Operated: _____ Materials Hauled: _____

Position Held _____ Reason for Leaving _____

Were you subject to FMCSA & US DOT alcohol and controlled substances testing requirements? YES NO



Commercial Driver's License Information

Driver licenses: List each driver's license held in the past 3 years. List the issuing state, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to you.

State	License Number	Type	Endorsements	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____
2. Has any license, permit or privilege ever been suspended or revoked? Yes ____ No ____
3. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes ____ No ____

If you answered "Yes" to any of the above, please give details. _____

List each type of commercial motor vehicle you have operated and for how long.

Class of Equipment	Types of Equip. (Van, Flatbed, Tanker, etc)	From	To	Approximate Miles
Straight Truck				
Tractor & Semi Trailer				
Tractor 2- Trailers				
Other				

List states operated in during the last 5 years _____

List special courses or training completed: _____

List safe driving awards and who presented the awards _____

Accident Record for past 3 years (attach sheet if more space is needed). List each vehicle accident or any incident regarding damage to a vehicle or personal property in which you were involved during the past three years preceding the date of this application. Indicate the date, type of vehicle and circumstances of each accident/incident and whether any personal injuries or fatalities were involved.

Dates of Accident and Type of Vehicle	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Location of Accident	# of Fatalities	# of Injuries

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations) of which you were convicted, forfeited bond or collateral during the three years preceding the date of this application.

Location	Date	Charge	Penalty

**ACKNOWLEDGEMENT OF NOTICE OF
PLATINUM ENTERPRISES
DRUG ABUSE POLICY AND PROCEDURES
AND
CONSENT TO PRE-EMPLOYMENT DRUG TESTING**

I, _____, acknowledge receiving written notice of the existence of the Platinum Enterprises, Inc. Drug Abuse Policy (the "Policy").

As a condition of continued employment or service to the Company, I understand and agree that I must not use, buy sell, accept as a gift, experiment with, traffic in or otherwise be involved with illicit or inappropriate drugs when it could affect the safe performance of my job.

I understand that the Policy does not apply to medication properly taken as prescribed by a licensed physician, except as provided by the Policy.

I further understand and agree that, if I become an employee of the Company, I may be required to submit to urinalysis for the detection of prohibited substance, and a saliva or breath alcohol test for alcohol use (herein referred to as "testing") for the detection of prohibited substances based upon suspicion, following a reportable accident or an on-the-job accident, when returning from a leave of absence, and on a random basis.

I further understand and agree if I become an employee of the Company, and in the event that any test result is Positive, I will have an opportunity to discuss with the Company's Medical Review Officer my medical history and/or any other relevant biomedical factors to enable the MRO to determine whether there is an alternate medical explanation for a positive result. In order to aid the MRO in his/her investigation, I hereby authorize any hospital, physician, dentist or pharmacist to release to the MRO all medial records and to freely discuss with the MRO all maters concerning drugs prescribed to me or treatments performed on me which may be connected to a positive test result.

I further understand that refusal to submit to testing when requested to do so by a supervisor or manager, will result in discipline up to and including termination.

My signature below indicates my understanding of this Policy and what is expected of me, my consent to be tested and my authorization to release to any collection site personnel, Medical Review Officer or Company representative, and the information necessary to comply with this Policy.

DATE _____ SIGNATURE _____

DATE _____ WITNESS _____

Driver Applicant Pre-Employment Alcohol and Controlled Substances Statement

Section 40.25(j) of the Federal Motor Carrier Safety Regulations requires each motor carrier to inquire of prospective drivers and prospective drivers are required to respond to the information in the question below.

Applicant Name _____

Social Security # _____

During the past three (3) years, have you, the applicant, 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?

YES _____ NO _____

If the answer to the above question is YES, please list the motor carrier(s) below:

Name of Motor Carrier _____

Address _____ City _____ State _____ ZIP _____

Telephone Number (_____) _____ - _____

In addition, if the answer to the above question was "Yes", please list the name and contact information for the Substance Abuse Professional (SAP) who completed your evaluation. If you answered "Yes" to the question above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Name of SAP _____

Address _____ City _____ State _____ ZIP _____

Phone (_____) _____ - _____

Signature of Applicant/Driver _____

Date _____

Witness _____

Part I: Release of Information Form – 49 CFR Part 40 and 49 Part 382 Drug and Alcohol Testing

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records for the sole purpose of transmitting such records to the carrier/employer listed below. I authorize release of the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years; (i) Alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s) and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier/company furnishes information concerning items (i) through (vi) above, I also authorize that carrier/company to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

Print Name: _____ Signed: _____
 (Applicant Name) (Applicant Signature Required)

Social Security No: _____ Date: _____

Carrier/Company Requesting Information:

Platinum Enterprises
 8606 Victoria Ave.
 Riverside, CA 92504

Part II: Consumer Report Disclosure and Release

In connection with my application for employment and/or review of my driving record, I understand that consumer reports which may contain public record information may be requested by Platinum Enterprises, Riverside, CA. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records, as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY PLATINUM ENTERPRISES TO FURNISH THE ABOVE MENTIONED INFORMATION.

I have the right to request from Platinum Enterprises upon presentation of proper identification, the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which Platinum Enterprises has previously furnished within the three year period preceding my request. I hereby consent to obtaining the above information from Platinum Enterprises, and I agree that such information which Platinum Enterprises has or obtains, and my employment history (not DOT Drug and Alcohol information without a specific consent by me) with you if I am hired, will be supplied by Platinum Enterprises to other companies which request it.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization, for Part II reports only, shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Applicant's Name (printed) _____

Street Address _____

City, State, Zip _____

Signature: _____

Social Security No: _____ Date of Birth: _____

Driver's License Number: _____

Date: _____

**General Consent for Limited Queries of the Federal Motor Carrier Safety
Administration Drug and Alcohol Clearinghouse.**

I _____ hereby provide consent to Platinum Enterprises to conduct a limited query of the FMSCA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. I authorize Platinum Enterprises to run a pre-employment and then a query run annually.

I understand that if the limited query conducted by Platinum Enterprises indicates that drug or alcohol violation information about me exists in the clearinghouse, FMCSA will not disclose that information to Platinum Enterprises without first obtaining addition specific consent from me.

I further understand that if I refuse to provide consent for Platinum Enterprises to conduct a limited query of the Clearinghouse, Platinum Enterprises must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMSCA's drug and alcohol program regulations.

Employee Signature _____

Date: _____

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 Platinum Ent. ("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 Platinum Ent. ("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.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016