

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

DATE: January 28, 2010
TO: **All Driver Applicants**
FROM: **Summer Wagner, Driver Supervisor**
SUBJECT: **EMPLOYMENT APPLICATIONS**

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. (SW)

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 209-367-0572 make sure all of our requests are included.

Under the section Previous Employers (which must include your present employer, if applies) We are required by the 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 the 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

Have you ever been charged with or convicted of a crime? (**Including DMV convictions**)_____

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

Have you ever been convicted of a crime? Do not include convictions that were sealed 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.

Yes

No

Please explain any “yes” answer. Use additional paper if necessary.

Are you currently awaiting trial for any criminal offense?

Yes

No

Please explain any “yes” answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes

No

Please explain any “yes” answer. Use additional paper if necessary.

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. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation

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

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 proceeding 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		Approx. Miles
		From	To	
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 _____
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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