



4305 Steve Reynolds Blvd, Norcross, GA 30093  
Ph: 770-263-0490 • Fax: 770-263-9182

<b>Application#</b>	_____
<b>DATE</b>	_____

## Driver Employment Application Form

### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**Name** \_\_\_\_\_  
Last First Middle Maiden

**Residence addresses for the last 3 years:**

Number Street City State Zip How long

Number Street City State Zip How long

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Current Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile/Pager/Other ( \_\_\_\_\_ ) \_\_\_\_\_

Are you a citizen of the United States \_\_\_ No \_\_\_ Yes      Are you legally allowed to work in the USA \_\_\_ No \_\_\_ Yes

**Date of Birth** \_\_\_\_\_      Have you ever worked for this company \_\_\_ No \_\_\_ Yes

**Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      email address \_\_\_\_\_

**Driver's License Information:** Class \_\_\_\_\_ State \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

**Driving Experience**

**Bus**  
From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Truck**  
From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Tractor**  
From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Trailer**  
From \_\_\_\_\_ To \_\_\_\_\_ Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**List all motor vehicle accidents in which you have been involved in the last 3 years**

\_\_\_\_\_ Date \_\_\_\_\_ Nature (Head-on, Rear-end, Upset, Etc) Fatalities? \_\_\_\_\_ Injuries? \_\_\_\_\_

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\_\_\_\_\_ Date \_\_\_\_\_ Nature (Head-on, Rear-end, Upset, Etc) Fatalities? \_\_\_\_\_ Injuries? \_\_\_\_\_

**List all motor vehicle violations in which you have been involved in the last 3 years**

\_\_\_\_\_ Date \_\_\_\_\_ Description

\_\_\_\_\_ Date \_\_\_\_\_ Description

\_\_\_\_\_ Date \_\_\_\_\_ Description



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Has your license been denied, revoked or suspended? \_\_\_ Yes \_\_\_ No

If Yes, explain

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**Work Experience (Last 3 years). If CDL driver, list work experience for the last 7 years.**

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

From	To	Job Description	Reason for Leaving
		Company	Supervisor Telephone

**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. Information provided in this application may be used and previous employer will be contacted for the purpose of investigating the applicant's safety performance history information as required by the FMCSA 391.23. Applicant has the right to review information provided by previous employers, the right to request that errors in the information be corrected by the previous employer and for that previous employer to re-send the corrected information to the Tolteca Foods and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and the applicant cannot agree on the accuracy of the information.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature



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### ADDITIONAL INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
Elementary				
High School				
College				
Business/Trade School				
Professional School				

Languages: **English** \_\_\_ Excellent \_\_\_ Good \_\_\_ Regular **Spanish** \_\_\_ Excellent \_\_\_ Good \_\_\_ Regular

Other languages \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_ No \_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ \_\_\_ Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING DOCUMENTS FOR THIS APPLICATION TO BE COMPLETE:**

- Copy of current driver's license
- Copy of current MVR

**OFFICE USE ONLY**

Personal Computer ___ No ___ Yes	Other Skills
Word Processing ___ No ___ Yes	



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## DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS AND AUTHORIZATION TO OBTAIN DRUG & ALCOHOL BACKGROUND INFORMATION

In compliance with Public Law 91-508 (Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act) and applicable state law, this notice is to inform you that this Company may obtain consumer report or reports in connection with your application for employment and for other employment-related reasons during your employment, if you are hired. "Consumer reports" include, but are not limited to, credit reports, criminal background checks, and department of motor vehicle reports (including driving record history and, drug & alcohol tests as per Section 391.23 of DOT Regulations).

This release is in accordance with regulation FMCSA Part 391.23, Investigation and Inquiries. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

### AUTHORIZATION

I authorize the Tolteca Foodservice or persons acting on its behalf to obtain consumer reports regarding me from time to time for employment purposes as described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print full name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please print Maiden or Other Names under which records may be listed

### PLEASE RETURN THIS FORM WITH YOUR COMPLETED APPLICATION

In compliance with FMCSA regulation 391.23 part (i)(1) you have certain rights regarding the investigative information that will be provided to the prospective employer: i) You have the right to review information provided by previous employers; ii) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer; iii) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer investigative information must submit a written request to the prospective employer. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer, then the five-business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within 30 days of the prospective employer making them available, the prospective employer may consider you to have waived your request to review the records.

Part 391.23 (e) In addition to the investigations required by paragraph (d) of this section, the prospective motor carrier employers must investigate the information listed below in this paragraph from all previous DOT regulated employers that employed the driver within the previous three years from the date of the employment application, in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40.(e)(1) Whether, within the previous three years, the driver had violated the alcohol and controlled substances prohibitions under subpart B of part 382 of this chapter, or 49 CFR part 40.