

*Industrial Drayage*  
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## **DRIVER'S EMPLOYMENT APPLICATION--Page1**

Applicant Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

*In compliance with Federal & State Equal Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.*

### **TO BE READ AND SIGNED BY APPLICANT**

I authorize Industrial Drayage to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and the employer(s) will be contacted for the purpose of investigating my safety performances history as required by 49CFR 391.23(d) & (e).

I have the right to: 1). Review information provided by previous employers, 2) Have errors in the information corrected by previous employers and for those previous employers to re-submit corrected information to the prospective employer, 3) Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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

# DRIVER'S EMPLOYMENT APPLICATION-Page2

**LINK TO DRIVER EMPLOYMENT APPLICATION:** (Must download and complete ALL pages from Federal Motor Carrier Safety Administration)

[https://csa.fmcsa.dot.gov/safetyplanner/documents/Forms/Drivers\\_Employment\\_Application\\_508.pdf](https://csa.fmcsa.dot.gov/safetyplanner/documents/Forms/Drivers_Employment_Application_508.pdf)

## **REQUEST FOR INFORMATION-From Applicant's Previous Employers**

I hereby authorize you/previous employers, to release information to Industrial Drayage for the purposes of investigation as required by section 391.23 of Federal Motor Carrier Safety Regulations.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

## **PRE EMPLOYMENT QUESTIONNAIRE ON PAST DRUG & ALCOHOL TESTING**

This is to comply with section 40.25 of the Federal Motor Carrier Safety Regulations pertaining to drug & alcohol testing by the past or possible employers where applicant has applied for employment.

- 1). Have you ever tested positive for drugs? \_\_\_\_\_  
If yes, what company? \_\_\_\_\_
- 2). Have you ever tested positive for alcohol? \_\_\_\_\_  
If yes, what company? \_\_\_\_\_
- 3). Have you ever refused a drug or alcohol test? \_\_\_\_\_  
If yes, what company? \_\_\_\_\_
- 4). Have you ever tested positive on a pre-employment test? \_\_\_\_\_

If you answered YES to any of the above questions, please complete the following:

- 1). Did you complete a Return to Work Program? \_\_\_\_\_  
If yes, please provide the name/address/phone of the Substance Abuse Counselor.  
\_\_\_\_\_

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

# **DRIVER'S EMPLOYMENT APPLICATION-Page3**

## **PRE EMPLOYMENT URINALYSIS NOTIFICATION**

The Federal Motor Carrier Safety Regulation, Section 391.103—pre-employment testing requirements apply to driver applicants of this company.

391.103 Pre-Employment Requirements:

- a) A motor carrier shall require a driver applicant whom the motor carrier intends to hire or use, be tested for the use of controlled substances as a prequalification condition.
- b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under 391.107 of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing. I understand a positive test for any controlled substances based on the urinalysis test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the urinalysis test. Negative and positive results will be reported to the company.

My written authorization is required for the urinalysis test results to be given to other parties. I have read and understand the above conditions for pre-employment urinalysis notification.

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_