

# **TORREY PINES TRANSPORTATION INC.** TCP# 8037P

## ***Application for Employment***

### **To Applicant:**

Torrey Pines Transportation Inc. is an Equal Employment Opportunity Employer. We adhere to a policy of making all employment decisions without regard to race, color, sex, religion, national origin, age, disability, veteran status, sexual orientation, citizenship or any other protected classification which may be applicable under federal, state or local law.

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Please complete and sign your application form. Failure to complete and/or sign the application will result in the application not being checked or considered further. This application will remain active for a period of 30 days after the date of application.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone :(\_\_\_\_) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # :(\_\_\_\_) \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you interested in \_\_\_\_\_ Full-time or \_\_\_\_\_ Part-time?

Please check the days you can work? Sun: \_\_\_\_ Mon: \_\_\_\_ Tues: \_\_\_\_ Wed: \_\_\_\_ Thurs: \_\_\_\_ Fri: \_\_\_\_ Sat \_\_\_\_

Please list the hours you can work: \_\_\_\_\_

Date available to start: \_\_\_\_\_ Desired pay: \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you are seeking employment? Yes \_\_\_\_ No \_\_\_\_

If Yes, what? \_\_\_\_\_

Do you have the legal right to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

(All offers of employment are subject to verification of the applicant's identity and employment authorization status within 72 hours.)

Have you ever been employed by us? Yes \_\_\_\_ No \_\_\_\_ If Yes, When? \_\_\_\_\_

Are you under the age of 18 years of age? Yes \_\_\_\_ No \_\_\_\_\_

Are you under the age of 25 years of age? Yes \_\_\_\_ No \_\_\_\_\_

State the names of any friends or relatives in our employ currently. \_\_\_\_\_

Have you ever been **convicted** of a felony? Please exclude any marijuana convictions more than two years prior to the date of this application, convictions for which the records were sealed, expunged or erased, misdemeanor convictions, and summary offenses. (Note: A prior conviction will not necessarily disqualify you from employment.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes list nature of offense and dates of conviction \_\_\_\_\_

**Education:**

School Name	City/State	Degree (if applicable)
High School _____		

College \_\_\_\_\_

Other \_\_\_\_\_

Any special training or skills: \_\_\_\_\_

**Employment History:**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Month/year) (Month/year)

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

ACCOUNT FOR PERIODS BETWEEN JOBS - Include dates and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Month/year) (Month/year)

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

ACCOUNT FOR PERIODS BETWEEN JOBS - Include dates and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Month/year) (Month/year)

Reason for leaving \_\_\_\_\_

Were you subject to the FMCSRs\*\* 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 49 CFR Part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

ACCOUNT FOR PERIODS BETWEEN JOBS - Include dates and reason \_\_\_\_\_

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

### ***Driving Experience***

If no driving experience within the last 3 years - check here \_\_\_\_\_

Class of Equipment	Type of Equipment (Circle all that apply)	Dates		Approximate Number of miles
		From	To	
Straight Truck	van, reefer, tank, flat	_____	_____	_____
Tractor & Semi-Trailer	van, reefer, tank, flat	_____	_____	_____
Tractor - Two Trailers	van, reefer, tank, flat	_____	_____	_____
Motorcoach - Bus (greater than 8 passengers)		_____	_____	_____
Motorcoach - Bus (greater than 15 passengers)		_____	_____	_____
Livery Vehicle (less than 8 passengers)		_____	_____	_____
Other _____	van, reefer, tank, flat	_____	_____	_____

### **Accident History**

If no accidents within the last 3 years check here \_\_\_\_\_

DATE (MONTH/YEAR)	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	# FATALITIES	# INJURIES	HAZARD MATERIALS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Expiration Date
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes ____ No ____		
If yes, give details _____		
B. Has any license, permit, or privilege ever been suspended or revoked? Yes ____ No ____		
If yes, give details _____		

## PRE-EMPLOYMENT STATEMENT

This application is not complete until signed, and all statements below have been read and initialed.

Initial: \_\_\_\_\_ I understand that this application is not intended to create, nor should it be construed to create, an express or implied contract of employment. It does not create contractual obligations of any kind. If hired, I will be employed at will; I understand that this means that either I am or the employer is free to terminate the employment relationship at any time with or without cause or prior notice.

Initial: \_\_\_\_\_ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for will result in refusal to hire or, if hired, will result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: \_\_\_\_\_ As a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening at any time at the discretion of the Company. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the appropriate Company official.

Initial: \_\_\_\_\_ I authorize the investigation of all matters contained in this application, including a criminal background check, and hereby give Torrey Pines Transportation Inc. permission to contact schools, previous employers, references and others. I hereby release Torrey Pines Transportation Inc. and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

Initial: \_\_\_\_\_ As a condition of my employment, I hereby agree that if I am offered employment, I will submit to a required medical evaluation. I understand that any medical evaluation procedure is consistent with the Company's commitments to the disabled and consistent with the Americans with Disabilities Act. I further understand that the purpose of the medical examination is solely to determine whether I am able to perform the essential functions of the position offered, with or without any reasonable accommodation.

Initial: \_\_\_\_\_ I understand that no representative of Torrey Pines Transportation Inc., other than the President of the company, has any authority to enter into an agreement for employment for any specified period of time or, in any way, to modify the at-will nature of the employment relationship. I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment. I further understand that, at a minimum, such agreement will restrict my ability to solicit business from Torrey Pines Transportation Inc.'s clients and customers or induce Torrey Pines Transportation Inc. employees to leave their employment during my employment and for a one-year period following the termination of my employment. Such agreement will also prohibit the use and disclosure by me of certain confidential information that I have acquired during my employment.

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