DIAMOND TRANSPORTATION

Application for Driver Position

Instructions: Please read and complete all sections of this document legibly in your own handwriting using a pen. Applications that are incomplete, filled out using a pencil or typed may be rejected. Applications will be considered active for 90 days after the application date. Diamond Transportation consistently confirms background information provided by applicants; for this purpose, it is essential that all responses provided by the applicant be accurate and complete.

Personal Information

Name: _____
Last First Middle

Current Address: _____ How Long? _____
Street City State Zip

Previous Address: _____ How Long? _____
Street City State Zip

Previous Address: _____ How Long? _____

Primary Telephone Number: ( ) _____ Social Security Number: _____

*Date of Birth: _____ Are you legally authorized to work in the United States? ❑ Yes ❑ No

* The U.S. Department of Transportation (DOT) requires an individual to be properly licensed to operate a motor vehicle, further requiring commercial drivers to be at least 21 years of age. In accordance with both DOT and company policies, pre-employment drug testing is required for employment. DOT requirements also specify that an individual meet physical qualifications necessary to the safe operation of a motor vehicle. If, prior to a conditional offer of employment, you are uncertain as to whether you are capable of passing a DOT physical and/or physical capabilities assessment or have questions regarding the requirements, you may submit your application and, if contacted about employment, request additional information from a member of our staff. After receiving a conditional offer of employment, you may be required to answer medical questions and may be required to undergo pre-employment testing, including but not limited to a medical examination and/or physical capabilities assessment. Any information provided to Diamond Transportation is strictly confidential.

Referred By

❑ Company Website
❑ Advertisement (specify source): _____
❑ Walk-in
❑ Employee (full name): _____
❑ Agency (name): _____
❑ Other (specify): _____

Have you ever worked or applied to work for Diamond Transportation before? ❑ Yes ❑ No

If yes, where? When? _____

Do you have a spouse, relative or significant other currently employed by Diamond Transportation or its predecessors? ❑ Yes ❑ No

If so, whom? _____

On what date would you be available if your application for employment were accepted? _____

Employment Preferences (check all that apply)

❑ Days ❑ Weekends
❑ Nights

Education and Training

Name and Location	Years Completed	Graduated?	Course of Study
High School		❑ Yes ❑ No	
College		❑ Yes ❑ No	
Other		❑ Yes ❑ No	
Other		❑ Yes ❑ No	

Military Service Record

Have you ever served in the armed services? ❑ Yes ❑ No If yes, what branch? _____

Dates of service: From: _____ To: _____ Rank at discharge: _____

Applicant Initials:_____

Employment Record: Past Five (5) Years (10 years commercial driving)

Begin with your current or most recent job and work backwards in order, listing your employers for at least five (5) years, including all full-time and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. If necessary, use supplementary sheets for more than five (5) employers. Telephone numbers for all employers and references are required. If applicable to desired position, provide (10) years of commercial driving employment.

If currently unemployed, please list dates: From: _____ To: _____

Current Employer

Dates of employment: From: _____ To: _____

May we call your current employer? ❑ Yes ❑ No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position: _____ Rate of pay: _____

If unemployed, please list dates: From: _____ To: _____

Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? ❑ Yes ❑ No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

If unemployed, please list dates: From: _____ To: _____

2nd Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? ❑ Yes ❑ No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

If unemployed, please list dates: From: _____ To: _____

3rd Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? ❑ Yes ❑ No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

Applicant Initials:_____

If unemployed, please list dates: From: _____ To: _____

4th Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? ❑ Yes ❑ No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

Applicant Initials:_____

Work History

Have you ever tested positive or refused to test for drugs or alcohol while working in a safety-sensitive function subject to alcohol and controlled substances testing as required by law?	❑ Yes	❑ No
Have you ever been disciplined or discharged for theft, unauthorized removal of company property or any related offense?	❑ Yes	❑ No
Have you ever been disciplined or discharged for insubordination?	❑ Yes	❑ No
Have you ever been disciplined or discharged for fighting, assault or related offenses?	❑ Yes	❑ No
Have you ever been disciplined or discharged for violating a safety rule?	❑ Yes	❑ No

If you answered "Yes" to any of the above, please explain and provide date of each action taken and corresponding employer information, including company name, address, telephone number and contact person:

_____

_____

Record of Convictions (if none, write "none")

List all felonies and misdemeanors to which you have pled guilty or been convicted.

Month/Year	City/State/County/Country	Charges	Sentence

Pending Charges (if none, write "none")

List all unresolved charges pending in the judicial system.

Month/Year	City/State/County/Country	Charges

References

Please provide the names of three (3) people not related to you whom you have known for at least one (1) year.

Name	Relationship	Phone	Years Known

Applicant Initials:_____

Certification

I understand that Diamond Transportation is under no obligation to hire me, and that any employment I am offered will not be for any specified period of time, and that my employment is terminable by either party at will, with or without notice or cause, and that no representative of Diamond Transportation has the authority to enter into any agreement with me contrary to the foregoing. I understand that nothing contained in my applications, or in granting of an interview, is intended to create an employment contract between Diamond Transportation and myself for either employment or for the providing of any benefit. I understand that I will become an independent contractor of Diamond Transportation and that I am not entitled to any benefits whatsoever.

I understand I will be required to submit to and pass a drug test or other tests, as required, as a condition of pre-employment and thereafter as warranted by Diamond Transportation policy and/or federal regulations. I understand Diamond Transportation may contract with a third party to assist in the administration of drug and alcohol testing and agree to this party being provided with all information to which Diamond Transportation is entitled and subject to the same confidentiality requirements as Diamond Transportation. I further understand that any offers made to me will be contingent on the results of the test. A positive reading from the tests will automatically null and void any offers or considerations made to me.

In accordance with the provisions of 49 CFR Part 382.413, I hereby authorize and require the employers specifically listed by me on page 2 and 3 of this application to release the results (including any refusal to test) to Diamond Transportation of all drug and alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employ. This includes any drug or alcohol screen completed by you, the applicant, for potential employment. I further release and agree to hold harmless each specifically listed previous or current employer as well as any employee, agent, or representative thereof from all liability or damage that may arise from the release of these results.

If employed, I agree to abide by and observe all Company rules and regulations. I consent and agree that Diamond Transportation has the right to search my personal property located on Diamond Transportation property along with Diamond Transportation desks, lockers, tool kits, etc., for the purpose of investigating possible violations of Company rules.

It is understood that an investigative consumer report pursuant to the Fair Credit Reporting Act may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and way of living. By signing this application, I hereby consent to Diamond Transportation obtaining such a report.

I hereby authorize Diamond Transportation to obtain any medical documentation or information concerning my past or present medical history after a job offer is made and release all persons contacted from any liability or damages. I specifically authorize employers listed on this application to release to Diamond Transportation any Drug and Medical test results.

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish Diamond Transportation any information they may have concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Diamond Transportation information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

My signature below certifies that I have personally completed this application and that all information contained within it is correct to the best of my knowledge. I understand that deliberate falsification of this information would be grounds for termination in accordance with the policy of this organization.

I further acknowledge and affirm that, if approved, I will be an independent contractor of Diamond Transportation and not an employee. Accordingly, I will not be entitled to participate in any employee benefits program and I will not be covered by workers compensation insurance.

Applicant Signature: _____ Date: _____

Printed Name:_____

Motor Vehicle History Application Addendum

Motor Vehicle Licenses (list all driver's licenses held in the past five (5) years)

State	License Number	Class	Endorsements	Expiration Date	Commercial Driver's License?
Current License					❑ Yes ❑ No
					❑ Yes ❑ No
					❑ Yes ❑ No
					❑ Yes ❑ No

Traffic Convictions and Forfeitures (if none, write "none")

List all traffic convictions, forfeitures or suspensions of license in a motor vehicle (other than parking violations) for the past five (5) years.

Date	Type of Vehicle	Location (State)	Charge	Penalty

Accident Record (if none, write "none")

List all accidents you have been involved in, regardless of whether you were at fault, while operating any type of motor vehicle, including property damage, in the past five (5) years.

Date	Nature of Accident	At Fault?	Ticketed?	Points Issued?	Fatalities?	Injuries?
		❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Motor Vehicle-Specific Criminal History

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	❑ Yes	❑ No
Has your driver's license or other permit to operate a motor vehicle ever been suspended, revoked or restricted?	❑ Yes	❑ No
Have you ever been convicted of reckless or careless operation of a motor vehicle?	❑ Yes	❑ No
Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof?	❑ Yes	❑ No

If you answered "Yes" to any of the above, please explain and provide date of each offense:

_____

_____

My signature below certifies that I have personally completed this application addendum and that all information contained within it is correct to the best of my knowledge. I understand that deliberate falsification of this information would be grounds for termination in accordance with the policy of this organization.

Applicant Signature: _____ Date: _____

Printed Name: _____

Driver Application Addendum

Are you physically able, with or without reasonable accommodation, to:

Safely operate a multi-passenger commercial vehicle for extended periods of time?	❏ Yes	❏ No
Climb in and out of a vehicle?	❏ Yes	❏ No
Move luggage weighing 50 lbs at maximum across distances up to 50 feet?	❏ Yes	❏ No
Repeatedly reach, push and pull with both arms?	❏ Yes	❏ No
Fuel a vehicle and perform preventative maintenance duties?	❏ Yes	❏ No
Correctly judge distances and identify details from any distance?	❏ Yes	❏ No
Withstand the full spectrum of weather conditions, including extreme cold and extreme heat?	❏ Yes	❏ No

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Applicant Signature: _____ Date: _____

Printed Name: _____

Please fax completed application to (843) 681-2881.