



805 80<sup>th</sup> Street SW, Everett, WA 98203 \*\* (425) 337-2700 \*\* FAX (425) 514-3499

## COMMERCIAL DRIVER APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, SEX, RELIGION, OR NATIONAL ORIGIN

\* A copy of your current driving record "abstract" must be provided with the application \*

\_\_\_\_\_  
 LAST NAME FIRST NAME MI

\_\_\_\_\_  
 ADDRESS CITY ST ZIP

**IF LESS THAN 3 YEARS PLEASE PROVIDE PRIOR ADDRESS:**

\_\_\_\_\_  
 ADDRESS CITY ST ZIP

\_\_\_\_\_  
 ADDRESS CITY ST ZIP

\_\_\_\_\_  
 TELEPHONE NUMBER SOCIAL SECURITY NUMBER BIRTHDATE

HAVE YOU EVER WORKED FOR APPLIED FOR PACIFIC TOPSOILS INC. BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU SEEKING: FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_ SUMMER EMPLOYMENT: \_\_\_\_\_

DESIRED WAGE: \_\_\_\_\_ DATE AVAILABLE TO START \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**EDUCATION:**

PLEASE LIST ANY EDUCATION THAT QUALIFIES FOR THE JOB YOU ARE APPLYING. PROVIDE NAMES OF SCHOOLS, DATES OF ENROLLMENT (EXCEPT FOR HIGH SCHOOL) CITIES AND STATES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRAINING:**

PLEASE LIST ANY TRAINING OR CLASSES RELEVANT TO THE JOB YOU ARE APPLYING FOR. (EXAMPLES: ON-THE-JOB TRAINING, SAFETY TRAINING, MILITARY TRAINING, PRODUCT TRAINING, ETC.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE:**

_____	_____ TO _____	_____
TYPE OF VEHICLE DRIVEN	DATES	APPROXIMATE MILEAGE DRIVEN
_____	_____ TO _____	_____
TYPE OF VEHICLE DRIVEN	DATES	APPROXIMATE MILEAGE DRIVEN
_____	_____ TO _____	_____
TYPE OF VEHICLE DRIVEN	DATES	APPROXIMATE MILEAGE DRIVEN

**DRIVERS LICENSE INFORMATION: ALL LICENSES HELD IN THE LAST 3 YEARS**

STATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_ TYPE \_\_\_\_\_

STATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_ TYPE \_\_\_\_\_

STATE \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_ TYPE \_\_\_\_\_

**ALL ACCIDENTS IN THE LAST 3 YEARS: (IF NONE, WRITE N/A)**

DATE \_\_\_\_\_ TYPE OF INFRACTION \_\_\_\_\_ DESCRIBE \_\_\_\_\_ INJURIES \_\_\_\_\_

DATE \_\_\_\_\_ TYPE OF INFRACTION \_\_\_\_\_ DESCRIBE \_\_\_\_\_ INJURIES \_\_\_\_\_

DATE \_\_\_\_\_ TYPE OF INFRACTION \_\_\_\_\_ DESCRIBE \_\_\_\_\_ INJURIES \_\_\_\_\_

**LIST ALL TRAFFIC INFRACTIONS IN THE LAST 3 YEARS: (IF NONE WRITE N/A)**

DATE \_\_\_\_\_ TYPE OF VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIALVEH YES/NO

DATE \_\_\_\_\_ TYPE OF VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIALVEH YES/NO

DATE \_\_\_\_\_ TYPE OF VIOLATION \_\_\_\_\_ STATE \_\_\_\_\_ COMMERCIALVEH YES/NO

**HAVE YOU EVER HAD A DRIVERS LICENSE DENIED, SUSPENDED, REVOKED OR CANCELLED BY ANY ISSUING STATE AGENCY?**

Yes  No IF YES; STATE OF ISSUANCE AND EXPLANATION:

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

**LAST 10 YEARS- ACCOUNT FOR GAPS BETWEEN EMPLOYERS:  
(IF ANY OWNER/OPERATOR, LIST CARRIERS LEASED TO)**

<b>EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE #</b> _____ <b>FAX #:</b> _____ <b>DATE EMPLOYED: FROM</b> _____ <b>TO:</b> _____ <b>JOB TITLE:</b> _____ <b>RATE OF PAY:</b> _____ <b>DESCRIBE YOUR DUTIES:</b> _____ _____	<b>REASON FOR LEAVING:</b> _____ _____ _____ <b>WERE YOU SUBJECT TO FMCSR REG'S</b> <input type="radio"/> YES <input type="radio"/> NO <b>WERE YOU SUBJECT TO 49 CFR PART 40</b> <input type="radio"/> YES <input type="radio"/> NO
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<b>EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE #</b> _____ <b>FAX #:</b> _____ <b>DATE EMPLOYED: FROM</b> _____ <b>TO:</b> _____ <b>JOB TITLE:</b> _____ <b>RATE OF PAY:</b> _____ <b>DESCRIBE YOUR DUTIES:</b> _____ _____	<b>REASON FOR LEAVING:</b> _____ _____ _____ <b>WERE YOU SUBJECT TO FMCSR REG'S</b> <input type="radio"/> YES <input type="radio"/> NO <b>WERE YOU SUBJECT TO 49 CFR PART 40</b> <input type="radio"/> YES <input type="radio"/> NO
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<b>EMPLOYER:</b> _____ <b>ADDRESS:</b> _____ <b>PHONE #</b> _____ <b>FAX #:</b> _____ <b>DATE EMPLOYED: FROM</b> _____ <b>TO:</b> _____ <b>JOB TITLE:</b> _____ <b>RATE OF PAY:</b> _____ <b>DESCRIBE YOUR DUTIES:</b> _____ _____	<b>REASON FOR LEAVING:</b> _____ _____ _____ <b>WERE YOU SUBJECT TO FMCSR REG'S</b> <input type="radio"/> YES <input type="radio"/> NO <b>WERE YOU SUBJECT TO 49 CFR PART 40</b> <input type="radio"/> YES <input type="radio"/> NO
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USE BACKSIDE OF SHEET FOR ADDITIONAL EMPLOYERS

### REFERENCES:

NAME	TELEPHONE	YEARS KNOWN

## DRIVER EXPERIENCE SUPPLEMENT SHEET

\_\_\_\_\_  
 LAST NAME                                      FIRST                                      M.I                                      DATE

### DRIVING EXPERIENCE:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES (FROM-TO)	TOTAL # OF MILES APPROXIMATE
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STRAIGHT TRUCK: \_\_\_\_\_

TRACTOR & TRAILER: \_\_\_\_\_

TRACTOR & TWO TRAILERS: \_\_\_\_\_

OTHER: \_\_\_\_\_

	YES	NO	YEARS		YES	NO	YEARS
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SOLO DUMP TRUCK \_\_\_\_\_

DUMP TRUCK & PUP \_\_\_\_\_

END DUMP \_\_\_\_\_

LIVE FLOOR/CHIP TRK \_\_\_\_\_

LOW BOY \_\_\_\_\_

TRANSFER UNIT \_\_\_\_\_

10 SP. TRANSMISSION \_\_\_\_\_

CUMMINS ENGINE \_\_\_\_\_

13 SP. TRANSMISSION \_\_\_\_\_

DETROIT ENGINE \_\_\_\_\_

15 SP. TRANSMISSION \_\_\_\_\_

CAT ENGINE \_\_\_\_\_

18 SP. TRANSMISSION \_\_\_\_\_

5 & 4 SP. TRANS. \_\_\_\_\_



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**FOR DRIVER APPLICANTS OF COMMERCIAL MOTOR VEHICLES THAT REQUIRE A COMMERCIAL DRIVER LICENSE (CDL) THE APPLICANT MUST DISCLOSE THEIR CONTROLLED SUBSTANCE AND ALCOHOL STATUS PER THE REQUIREMENTS OF 49 CFR PART 40.25(J).**

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As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; 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.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines 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 thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

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**TO BE READ AND SIGNED BY APPLICANT: I authorize investigation of all statements contained in this application, including contacting my present employer. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice. 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.**

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**CERTIFICATION**

**“I CERTIFY 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.”**

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APPLICANT’S SIGNATURE

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DATE SIGNED



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## **NOTICE TO ALL COMMERCIAL DRIVER APPLICANTS**

Pacific Topsoils, Inc. has a strong commitment to provide a safe workplace for its employees and customers. Consistent with the spirit and intent of this commitment and to meet the requirements of the Drug Free Workplace Act and the U.S. Department of Transportation regulations, an alcohol and controlled substances (drug) program has been established. Quite simply, this program will help to ensure our employees carry out their duties without being under the influence of alcohol or drugs.

**Pre-employment testing for controlled substances is required for all driver applicants once a conditional offer of employment is extended and prior to performing any safety sensitive functions. A verified positive controlled substance test will disqualify applicants from employment.**

We have an agreement with US Healthworks (USHW) to coordinate all testing and to provide the services of a Medical Review Officer for overseeing all test results.

**In accordance with Washington State law, all positive drug and/or alcohol tests performed under 49 CFR 40 for CDL individuals are reported by the USHW Medical Review Officer to the Department of Licensing (DOL). Under RCW 46.25.090, the DOL will disqualify that driver from driving a commercial motor vehicle.**

We have no intention of intruding into the private lives of our employees but we do expect each employee to report for work and perform their duties without impairment from alcohol and other drugs. The responsibility for the safe and efficient operation of our business cannot be over emphasized. We cannot fulfill this responsibility unless we have a drug free workplace.



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**COMMERCIAL VEHICLE DRIVER APPLICANT  
 Controlled Substance and Alcohol Questionnaire  
 Pursuant to 49 CFR part 40.25(j)**

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

LAST NAME FIRST NAME M.I

**49 CFR 40.25(j)**

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		YES	NO
If YES —	Have you successfully completed the return-to-duty Process?	YES	NO
If YES —	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date Signed

**TO BE COMPLETED BY EMPLOYER:**

\_\_\_\_\_  
 Received by:

\_\_\_\_\_  
 Reviewed by:

\_\_\_\_\_  
 Title: Date:

\_\_\_\_\_  
 Title: Date: