

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Miguel Angel Otero Tarzia

Date / Fecha : 12/7/19

Company applying to / Compañía a que aplica : Roy Salmon Trucking llc

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and 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.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica : _____

Referred by / Referido por : _____

Social Security / Seguro Social : 582-89-2061

Date of Birth / Fecha de Nacimiento : 09/01/1982

Address / Dirección : 38 Loch Lomond st

2 years

City / Ciudad : bear

State / Estado : DE

Zip / Código Postal : 19701

CDL / CDL : 2040791

CDL Expiration / Expiración de CDL : 09/01/2023

Home / Hogar : 302-365-9236

Work / Trabajo : 609-395-8600

Cell / Celular : 484-633-6585

Email / Email : migueltarzia5@gmail.com

Emergency Contact / Contacto de Emergencia : joelle essombe

Tel. / Tel. : 302-345-2182

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 941 Hamilton st, apt 504, Allentown, PA 18101

How long / Tiempo : 1yr 3m+5

2. Address / Dirección : _____

How long / Tiempo : _____

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU?

Yes / Si

No

Are you presently working / Usted esta actualmente trabajando?

Yes / Si

No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo? _____

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /
 Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si

☒ No

Have you ever tested positive for drugs or alcohol as a commercial driver /
 Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si

☒ No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENSIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	PA	29599578	CDL	9/2/19
	DE	2040791	CDL	9/1/23

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
 alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si

☒ No

B. Has any license, permit or privilege ever been suspended or revoked /
 alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si

☒ No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 12/2012

Years of Commercial Motor Vehicle experience : 7

Below, please list the type of Commercial Motor Vehicle experience you have had:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input type="checkbox"/> Off-Highway |
| <input type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input type="checkbox"/> Roll-back Tow Truck |
| <input type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input type="checkbox"/> Salvage Truck |
| <input type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input type="checkbox"/> Cab & Chassis Truck | <input type="checkbox"/> Low Boy | <input checked="" type="checkbox"/> Tractor |
| <input type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input type="checkbox"/> Wrecker Tow Truck |

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1				
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /

Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you 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. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries 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, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido si yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.

 SIGN
HERE

Signature / Firma :



Date / Fecha :

12/7/19