

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre : Albert Vazquez Date / Fecha : 9/24/20

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

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 : Driver Referred by / Referido por : _____

Social Security / Seguro Social : 215 067634 Date of Birth / Fecha de Nacimiento : 03/17/84

Address / Dirección : 5218 Wilton Heights Ave

City / Ciudad : Balt State / Estado : MD Zip / Código Postal : 21215

CDL / CDL : 32150003 RA CDL Expiration / Expiración de CDL : 03/18/26

Home / Hogar : _____ Work / Trabajo : _____

Cell / Celular : 701 613 7863 Email / Email : 2Cupscafe@gmail.com

Emergency Contact / Contacto de Emergencia : Crystal Tel. / Tel. : 443 764 4442

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección : 2018 Smallwood St
Baltimore, MD 21216 How long / Tiempo : 3 years

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 LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	PA	32 150 003	A	3/18/26

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)

unpaid Camera ticket

Commercial Motor Vehicle Driver Since : 2007

Years of Commercial Motor Vehicle experience : 13 years

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

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input checked="" 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 checked="" type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input type="checkbox"/> Plow Truck |
| <input checked="" type="checkbox"/> Flatbed Truck | <input checked="" type="checkbox"/> Expeditor/Hot Shot | <input checked="" type="checkbox"/> Refuse Hauler |
| <input checked="" 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	<i>11/12</i>	<i>N/A</i>		
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
	<i>11/12</i>		

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 sí 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 : *[Signature]*

Date / Fecha : *9/24/20*

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____ for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGN
HERE

Driver's Signature : _____

Date : _____

9/24/20

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

SIGN
HERE

Requester's Signature : _____

Date : _____

9/24/20

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : Albert Vocke

Address : 5218 Wilton Heights Ave City, State, Zip : Balt Md, 21215

Former Address : 2018 Smallwood St City, State, Zip : Balt md 21216

Date of Birth : 03/17/84

Social Security No. : 215 06 7634 License No. : 32 150 003

REQUESTED BY:

Name : _____

Title : _____

SIGN
HERE

Signature : _____

CERTIFICATION OF VIOLATIONS / ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (section 391.27). Drivers who have provided information required by section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

Driver's Name: Alber 1 Vokob Social Security No.: 215 06 7634 Date of Service: 9/24/20
 License No.: 32 150 003 State: PA Expiration: 3/19/26 Home Terminal: _____

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have had no violations, check this box - None ☐

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under part 383) required to be listed during the past 12 months.



Driver's Signature: [Signature] Date: 9/24/20

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the certification of Violations listed above and other information described in section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I hereby reviewed the driving record of the above named driver in accordance with section 391.25 and find that he/she (check one)

- ☐ Meets minimum requirements for safe driving
- ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Title: _____

Signature: _____ Date: _____

Motor Carrier: _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : Albert Fuchs Company : _____

Social Security # : 215 067634 CDL # : 32 150 003

Address : 5218 Wilton Heights Ave City : Balt State : MD Zip : 21215



Signature : [Signature]

Date : 9/24/20

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____

Seguro Social : _____ CDL : _____

Dirección : _____ Ciudad : _____ Estado : _____ Zip : _____



Firma : _____

Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Albert Gubos Date / Fecha : 9/24/20

Company applying to / Compañía a que aplica : _____

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : 9/24/20

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : July/20 To / Hasta : Current

☐ Unemployed / Desempleado ☐ Worked for Company / Trabaje Para Una Compañía ☒ Self-Employed / Trabaje por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☒ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☒ NO

Company / Compañía : Go Pass Position Held / Posición : Driver

Address / Dirección : 2223 Howard St Reason for Leaving / Razón de Renuncia : Part time

Baltimore Job

Contact Person / Supervisor : N/A

Phone / Teléfono : _____ Fax / Fax : _____



Signature / Firma : [Signature] Date / Fecha : 9/24/20

Date / Fecha : From / Desde : Retired June 2020 To / Hasta : Aug 2020

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Retired Trucking co Position Held / Posición : Driver

Address / Dirección : N/A Reason for Leaving / Razón de Renuncia : Low pay

Contact Person / Supervisor : James

Phone / Teléfono : 443 694 6491 Fax / Fax : _____

Date / Fecha : From / Desde : Blue Services 2016 To / Hasta : 2019

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : Blue Services Position Held / Posición : Driver

Address / Dirección : Warrick - Baltimore Reason for Leaving / Razón de Renuncia : Family /

Local work

Contact Person / Supervisor : _____

Phone / Teléfono : 443 670 7678 Fax / Fax : _____

 Signature / Firma : [Signature] Date / Fecha : _____

Date / Fecha : From / Desde : March 2015 To / Hasta : 2016

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☒ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : B&M Transportation Position Held / Posición : Driver

Address / Dirección : Belt rd Reason for Leaving / Razón de Renuncia : Down Sized

Contact Person / Supervisor : _____

Phone / Teléfono : N/A Fax / Fax : _____

Date / Fecha : From / Desde : 2013 To / Hasta : 2015

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : Spectra Position Held / Posición : Driver

Address / Dirección : 1111 Grove Village, IL Reason for Leaving / Razón de Renuncia : Better money

Contact Person / Supervisor : _____

Phone / Teléfono : N/A Fax / Fax : _____



Signature / Firma : [Signature]

Date / Fecha : _____