

APPLICATION FOR EMPLOYMENT

GREEN/FORM NO.

DQF
1

Have all driver-applicants complete this form before driving a commercial motor vehicle.

In compliance with Federal and State equal opportunity employment laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete both sides of this application thoroughly. Attach additional sheets if more room is required for details.

To be completed by Employer:

Motor Carrier:
Address:

To be completed by Applicant:

Applicant's Name: <u>Sergio S. Mendez Diaz</u>	Date of Application: <u>02-15-2017</u>
Current Address: <u>2920 Michelle Rd Manchester md 21102</u>	Social Security No.: <u>218-31-2358</u>
Length of time at this address:	Date of Birth: <u>11-13-1973</u>
	Telephone No.: <u>(410) 374-3032 (301) 385 2852</u>

PREVIOUS ADDRESSES FOR LAST THREE YEARS (MOST RECENT FIRST)

Street	City	State/Zip	How long	Additional Information Attached
<u>2920 Michelle Rd</u>	<u>Manchester</u>	<u>md</u>	<u>11 years</u>	<input type="checkbox"/>

LIST ALL UNEXPIRED LICENSES AND/OR PERMITS

State	Number	Expiration Date	Additional Information Attached
<u>md</u>	<u>M532-762-757-871</u>	<u>11-13-2018</u>	<input type="checkbox"/>

LIST THE NATURE AND EXTENT OF YOUR EXPERIENCE OPERATING DIFFERENT TYPES OF MOTOR VEHICLES (E.G. BUSES, TRUCKS & TRAILERS)

Type	Experience in Years and / or Miles Driven	Additional Information Attached
<u>DW van, Reefer, Flatbed, tanker</u>	<u>almost 4 years</u>	<input type="checkbox"/>

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU WERE INVOLVED DURING THE LAST THREE YEARS

DATE	CITY/STATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
		<u>NONE</u>		

☐ Check here to certify that you have had no accidents in the last three years

LIST ALL VIOLATIONS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED OR FORFEITED BOND / COLLATERAL DURING THE LAST THREE YEARS

DATE	CITY/STATE	CHARGE	PENALTY
<u>05/13/14</u>	<u>La</u>	<u>improper lane</u>	

☐ Check here to certify that no convictions or bond forfeitures have occurred

DQF 1 - APPLICATION FOR EMPLOYMENTRetain for 3 years
after ceasing duties

APPLICATION FOR EMPLOYMENT

PLEASE DETAIL THE FACTS AND CIRCUMSTANCES OF ANY DENIAL, REVOCATION, OR SUSPENSION OF ANY LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE:

☐ Check here to certify that no such denial, revocation or suspension has occurred

EMPLOYMENT HISTORY

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 10,001 lbs. or more, ability to transport 8 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years for whom you operated such vehicles. Please start with your most recent prior employer (Use additional sheets if necessary).

Employer Name: <u>VENEZIA transport</u>	Employed From: <u>05 / 15</u> To: <u>12 / 16</u>
Address: <u>86 Airport ROAD</u> <u>Pottstown Pa 19468</u>	Position: <u>TRUCK DRIVER</u>
Contact: <u>Frank Venezia</u> Phone: <u>610 495-5700</u>	Salary: <u>1200</u>
Reason for Leaving: <u>I Refuse 21000 hours ISS</u>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: <u>Sawder 2665 transport</u>	Employed From: <u>06 / 13</u> To: <u>03 / 15</u>
Address: <u>3986 Hampstead Mexico Rd</u> <u>Hampstead md 21074</u>	Position: <u>TRUCK DRIVER</u>
Contact: <u>evan Kobarty</u> Phone: <u>800 728-1280</u>	Salary: <u>1100</u>
Reason for Leaving: <u>slow Down</u>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name: <u>Jame Picket tree service</u>	Employed From: <u>10 / 12</u> To: <u>02 / 13</u>
Address: <u>2100 almost Heaven Dr</u> <u>Finksburg md 21074</u>	Position: <u>Tree climber</u>
Contact: Phone: <u>410 795-7762</u>	Salary: <u>1000</u>
Reason for Leaving: <u>I Look Better JOB</u>	
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

OFFICE USE ONLY

<input type="checkbox"/> Applicant Hired	Date:	Start Date:	Authorized by:
<input type="checkbox"/> Rejected for reasons of:			
<input type="checkbox"/> Date of Termination of Employment:	Authorized by:		
<input type="checkbox"/> Dismissed	<input type="checkbox"/> Quit	<input type="checkbox"/> Other:	
Reason:			

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.

Applicant Signature: Deyra S. mery

SIGN HERE

Date: 02/15/17

Employers who are regulated by the Federal Motor Carrier Safety Administration (FMCSA) must expressly notify an applicant, who has been employed by a Department of Transportation-regulated employer during the preceding three years, that the applicant has certain rights regarding the investigative information that will be provided by his/her previous employer(s). After providing the driver-applicant with a written copy of these rights, use this form to obtain his/her signature and retain the top copy of this 2-part form. Give the bottom copy to the applicant. By regulation you must inform the driver of his/her rights **before** accepting the driver's application for employment.

DRIVER REVIEW AND RECEIPT

- ☐ **Right to Review Information** – I have the right to review the information provided by my previous DOT-regulated employer(s).
- ☐ **Right to Request Corrections** – I have the right to request corrections to information that my previous DOT-regulated employer(s) provides, which I believe contains errors.
- ☐ **Right to Rebut Information** – I have the right to rebut the information provided by my previous DOT-regulated employer(s).

Date _____

Employer Keeps Original, Provides Scan or Copy to Applicant

SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: Sergio S. Mendez Diaz Social Security Number: 218-31-2358 Client Code: _____

Applicant's Signature: Sergio S. Mendez Diaz Previous Employer: Venezuela transport

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: 05/21/15 to: 12/16/16

Position: TRUCK DRIVER Position required a Commercial Drivers License? ☒ Yes ☐ No

Accident Information NONE

☐ No accident information to report (as defined by Part 390.5)

Date of accident _____ City or Town (most near) and State _____ Number of fatalities _____ Number of Injuries _____

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?

☐ Yes ☒ No

Have a verified positive drug test result?

☐ Yes ☒ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?

☐ Yes ☒ No

Have a violation of any of the other drug and/or alcohol testing prohibitions?

☐ Yes ☒ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?

☐ Yes ☒ No

Successfully complete the return to duty program while in your employment?

☐ Yes ☒ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name

Title

Telephone (610) 495-5200

Fax

Mailing Address

Signature of Company Official releasing this information

SIGN HERE

Date Released

SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment

SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: Sergio S. Mendez 0102 Social Security Number: 218-31-2358 Client Code: _____

Applicant's Signature: Sergio S. Mendez Previous Employer: Saunder e665 transport

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: 106/13 to: 103/15

Position: TRUCK DRIVER Position required a Commercial Drivers License? ☒ Yes ☐ No

Accident Information NONE

☐ No accident information to report (as defined by Part 390.5)

Date of accident _____ City or Town (most near) and State _____ Number of fatalities _____ Number of Injuries _____

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?

☐ Yes ☒ No

Have a verified positive drug test result?

☐ Yes ☒ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?

☐ Yes ☒ No

Have a violation of any of the other drug and/or alcohol testing prohibitions?

☐ Yes ☒ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?

☐ Yes ☒ No

Successfully complete the return to duty program while in your employment?

☐ Yes ☒ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name evan Forbix

Title _____

Telephone 800 728-1282

Fax _____

Mailing Address Sergio S. Mendez

SIGN HERE

Signature of Company Official releasing this information

02/15/17

Date Released

SAFETY PERFORMANCE HISTORY INVESTIGATION

GREEN/FORM NO.

**SPH
2/3/R**

Use ONE form to investigate applicant's Safety Performance History (SPH) for EACH employer within the previous three years. Three forms provided, make copies as necessary.

TO BE COMPLETED BY APPLICANT:

As the applicant, my signature authorizes you, as my previous employer, to release the requested information to Foley Carrier Services, LLC., the service vendor used by my prospective employer,

Applicant's Name: Sergio S. Mendez Diaz Social Security Number: 218-31-2358 Client Code: _____

Applicant's Signature: Sergio S. Mendez Diaz Previous Employer: James Picket Tree

TO BE COMPLETED BY PREVIOUS EMPLOYER:

FMCSA regulations require this SPH investigation. Please complete the requested information, using additional paper if necessary. If you have no information to report, please indicate so in the appropriate section. Email completed information to: BSS@FoleyServices.com or fax to: (860) 913-2452.

Verification of Employment

Applicant was employed with this company from: 1/10/12 to: 1/02/13

Position: Tree climber Position required a Commercial Drivers License? ☒ Yes ☐ No

Accident InformationNONE

☐ No accident information to report (as defined by Part 390.5)

Date of accident _____ City or Town (most near) and State _____ Number of fatalities _____ Number of Injuries _____

Release of hazardous materials? ☐ Yes ☐ No (Not including fuel spilled from the fuel tanks of vehicles involved in the accident)

Additional information about the accident: _____

Attach additional sheets if necessary and additional accident information as required pursuant to your internal policies.

Prohibited Drug and Alcohol Testing Information

- ☐ Individual was not in a safety-sensitive position subject to the Part 40 regulations while in our employment
☐ No prohibited drug and/or alcohol conduct to report

If the driver engaged in prohibited drug and/or alcohol conduct, **as defined by Part 40 and/or Part 382 only**, during the previous three years, answer the questions below.

During the previous three years did the driver:

Have an alcohol test result with an alcohol concentration of 0.04 or higher?

☐ Yes ☒ No

Have a verified positive drug test result?

☐ Yes ☒ No

Refuse to be tested (this includes receiving a verified adulterated or substituted drug test result)?

☐ Yes ☒ No

Have a violation of any of the other drug and/or alcohol testing prohibitions?

☐ Yes ☒ No

If **yes** to any of the above, did the driver:

Comply with the recommendations prescribed by a Substance Abuse Professional (SAP) pursuant to Part 40, while in your employment?

☐ Yes ☒ No

Successfully complete the return to duty program while in your employment?

☐ Yes ☒ No

Attach additional documentation, if available, to verify the individual's successful completion of the return to duty process.

Previous Employer Contact Information

Part 391.23 requires a previous employer who is regulated by the Dept. of Transportation to provide a specific contact name when responding to a Safety Performance History Inquiry. The driver may choose to contact you regarding the information you provide.

Previous Employer Contact Name James Picket Title _____

Telephone 410 795-7762 Fax _____

Mailing Address _____

Signature of Company Official releasing this information Sergio S. Mendez Diaz **SIGN HERE** Date Released 02/15/17

SPH 2/3/R - SAFETY PERFORMANCE HISTORY INVESTIGATION

Retain for 3 years after the driver leaves your employment