

**ALPHA BASE TRUCKING, INC.**  
2676 Old Gray Highway  
Macon, GA 31211  
**COMMERCIAL DRIVER'S APPLICATION**

**(READ AND INITIAL BEFORE SUBMITTING APPLICATION FOR QUALIFICATION)**

Alpha Base Trucking, Inc. does not discriminate on the basis of race, color, creed, national origin, sex, age, disability, or any other factor prohibited by law or regulation. The company will provide reasonable accommodation (which does not pose undue hardship on its operation) to otherwise qualified individuals with disabilities.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications to perform services for Alpha Base Trucking, Inc. This is not a contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after your being accepted for employment, grounds for termination. Qualification standards are established in accordance with regulatory agencies, insurance company expectations and/or approvals, and the expectations of Alpha Base Trucking, Inc.

I agree to furnish such additional information and complete such examinations as may be required to complete the qualification process.  
I certify that I have read and understand the applicant note of this form and that the answers given by me to the questions and the statements made by me are complete and true to the best of my knowledge and belief.

It is *agreed and* understood that this application for qualification in no way obligates the company to qualify me. I further understand this form is for the purpose of determining commercial driver qualification only. **(Initial Here)** \_\_\_\_\_

**Please Print**

Name \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
( ) Home Phone # ( ) Cell Phone #  
Address \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_ How Long? \_\_\_\_\_  
Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
For Past \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_  
Three Years \_\_\_\_\_ (STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE & ZIP CODE) \_\_\_\_\_ How Long? \_\_\_\_\_  
\*Phone numbers must be listed and verified before processing. (ATTACH SHEET IF MORE SPACE IS NEEDED)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you been employed or certified to drive with this company before? \_\_\_\_\_ If yes, dates – from: \_\_\_\_\_ to: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_ Who referred you? \_\_\_\_\_

**Security**

List the states you have RESIDED IN (where you lived) for the past seven (7) years: \_\_\_\_\_  
List all names and social security numbers used in the past (if any) which are not indicated in this application: \_\_\_\_\_  
Do you read, write and speak the English language? ( Reference 49 CFR Part 391.11(b)(2) ) \_\_\_\_\_  
How many years have you driven a commercial vehicle? \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_ (Yes or No) If yes, please explain thoroughly on a separate sheet of paper.  
Have you ever been denied a license, permit or the privilege of operating a motor vehicle? \_\_\_\_\_ If yes please explain on last page.  
Have you ever had your license suspended or revoked? (This includes for failure to maintain insurance or for financial obligations). \_\_\_\_\_  
Have you ever been convicted of a DWI, DUI, Reckless or Careless Driving? \_\_\_\_\_ Year \_\_\_\_\_ Location \_\_\_\_\_  
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, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules? (Yes or No) \_\_\_\_\_

## Driving Experience

Class of Equipment	Type (Vans, Flat Tank, Refers etc.	From	Dates & To	Approximate Miles Driven
Tractor & Semi Trailer				
Tractor & Flatbed/Lowboy				
Straight Truck/Other				

Accredited Truck Driving School? \_\_\_\_\_ Grad Date: \_\_\_\_\_

Show any special courses or training that would help you as a driver. \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

### List ALL Accidents Regardless of whether Chargeable or Non-Chargeable

Date	NATURE OF ACCIDENT <small>Head on, Rear-end Upset, ETC.</small>	FATALITIES?	INJURIES	TYPE OF VEHICLE DRIVEN

### List ALL Traffic Convictions and Forfeitures (Other than Parking Violations), Including DWI's & DUI's

Date	Location	Charge	Penalty	Type Vehicle

### List all States You Have Held a License in the Past Three (3) Years

State	License Number

## EMPLOYMENT RECORD

The U.S. Department of Transportation requires a driver's record to show all employment for the past three **(3) years**. They must also show **commercial driving employment for the past seven (7) years** immediately preceding this three year period. (49 CFR Part 391.21(b)(10), (11)). Include all periods of unemployment leaving no blank period of time. Provide additional pages if necessary.

Start with last or current position and work back.

**Current/last Employer:** \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_(yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

**Next Previous Employer:** \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_(yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

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Month/Year Month/Year

Reason for leaving: \_\_\_\_\_

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Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

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Position held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving: \_\_\_\_\_

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Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

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Month/Year Month/Year

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ (yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

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Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ (yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

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Month/Year Month/Year

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Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? \_\_\_\_\_ (yes/no)

Was this job designated as a "safety sensitive function" in which you were subject to DOT drug & alcohol testing? \_\_\_\_ (yes/no)

**Explanations to any previous questions:** \_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it, and all information in it, are true and complete to the best of my knowledge. This further certifies that I understand the information I am providing on this application concerning previous employers may be used, and my previous employer may be contacted, for the purpose of investigating my safety performance history. I understand that I have the right to review the information provided by previous employers, to have errors in information corrected by the previous employer and present to Alpha Base Trucking, Inc. and the right to have a rebuttal statement attached to the alleged erroneous information if I cannot come to an agreement with my previous employer as to the accuracy of the information provided.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**For Alpha Base Trucking, Inc.'s Use**

**PROCESS RECORD**

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

	Excellent	Average	Below Average	Poor
Application				
Interview				
Past Employment				
Background				

APPLICANT QUALIFIED \_\_\_\_\_ REJECTED \_\_\_\_\_

SIGNATURE OF INTERVIEWER: \_\_\_\_\_

**TERMINATION**

DATE TERMINATED \_\_\_\_\_ DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

ALPHA BASE TRUCKING, INC.  
2676 Old Gray Highway  
Macon, GA 31211  
Phone: 478-745-9095  
Secure Fax: 478-745-2272  
Secure email: alphabasetrucking@yahoo.com

AUTHORIZATION TO RELEASE

I, \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Prospective employee name)

Date of Birth: \_\_\_\_\_

hereby authorize:

Previous Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

,to release any information pertaining to my background to include, but not limited to my, previous employment, qualification information, accident history or previous contract services, to **Alpha Base Trucking, Inc.** for the purposes of investigation as required by 49 CFR, Part 391.23 of the Federal Motor Carrier Safety Regulations.

I further authorize you to release any information related to my alcohol and controlled substance testing and training records, within the last three (3) years to **Alpha Base Trucking, Inc.** as required under 49 CFR Part 40.25.

I hereby release Alpha Base Trucking, Inc. and all persons, schools, companies, consumer reporting agencies, and law enforcement agencies of liability for damages resulting from the release of said information.

(Driver's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_