

Application for Qualification
THE PEGGS COMPANY, INC.
4851 Felspar St., Riverside, CA. 92509

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal Carrier Safety Regulations and the company named above.

Instructions to Applicant

Please answer all questions. If the answer to any question does not pertain please write N/A, do not leave blank.

The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Date _____

Check One: Class A _____

Name _____
First Middle Last

Class B _____

Class C _____

Email Address: _____

Phone Number: _____

Current and 3 years Previous Address:

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

Employment History

Give a COMPLETE RECORD of all employment for the past 3 years, including any unemployment or self-employment and all commercial driving experience for the past ten years.

PRESENT OR LAST EMPLOYER

From MO/YR _____ To MO/YR _____ Name: _____

Address: _____

Phone#: _____

Position Held: _____

Reason For Leaving: _____

NEXT PREVIOUS EMPLOYER

From MO/YR _____ To MO/YR _____ Name: _____

Address: _____

Phone#: _____

Position Held: _____

Reason For Leaving: _____

NEXT PREVIOUS EMPLOYER

From MO/YR _____ To MO/YR _____ Name: _____

Address: _____

Phone#: _____

Position Held: _____

Reason For Leaving: _____

NEXT PREVIOUS EMPLOYER

From MO/YR _____ To MO/YR _____ Name: _____

Address: _____

Phone#: _____

Position Held: _____

Reason For Leaving: _____

NEXT PREVIOUS EMPLOYER

From MO/YR _____ To MO/YR _____ Name: _____

Address: _____

Phone#: _____

Position Held: _____

Reason For Leaving: _____

NEXT PREVIOUS EMPLOYER

From MO/YR _____ To MO/YR _____ Name: _____

Address: _____

Phone#: _____

Position Held: _____

Reason For Leaving: _____

Driving Experience

Class Of Equipment	Dates		Approx. Number of Miles (Total)
	From	To	
Straight Truck			
Tractor and Semi-Trailer			
Tractor - Two Trailers			
Other			

List states operated in for the last five years _____

Show special courses or training that will help you as a driver _____

What safe driving Awards do you hold and from whom? _____

Accident Record for the past 3 years (attach sheet if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Upset, Etc.)	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last 3 years (other than parking violations)

Location	Date	Charge	Penalty

Driver's Licenses (list each driver's licenses held in the past 3 years)

State	License #	Type	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle?..... YES NO

Has any license, permit or privilege ever been suspended?..... YES NO

If YES answer to either one please give details. _____

Personal References

List three persons for reference, other than relatives, who have knowledge of your safety habits

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

THE PEGGS COMPANY, INC.

4851 Felspar St.
PO Box 907
Riverside, CA. 92509
(951)360-9170

The Peggs Company, Inc. is required by Federal Highway Administration Department of Transportation, sections 391.21 and 391.23 to obtain information from all applicants for a driving position. Section 391.23 describes what investigations and inquires must be made on each applicant. Also, section 382.413 requires all employers to obtain all alcohol/controlled substance testing results, and refusal for the preceding three years.

Certification and Release: I authorize the company and/or its agents. To verify any of this information including, but not limited to, past employers, military service, criminal history. Consumer reporting bureaus and motor vehicle driving records. I hereby authorize the release of information pursuant to the FHWA requirements of sections 391.21, 391.23 and 382.413. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools. Companies and law enforcement authorities from any liability for any damages whatsoever for issuing this information. I also understand the use/possession of alcohol is prohibited during employment. I certify that I am a genuine applicant for certification and this form is being submitted solely for the purpose of seeking certification with The Peggs Company, Inc., and no other reason.

Applicant Signature

Date

Witness

Date

