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 805.238.3510  
 mgeunderground.com  
 California Contractors  
 License Number 765025

## Employment Application – Commercial Driver

\_\_\_\_\_  
 Today's Date                      Last Name                      First Name                      Middle

\_\_\_\_\_  
 Home Phone                      Mobile Phone                      Email Address

The Federal Motor Carrier Safety Regulations (49CFR391.21(b)) (2) requires that driver applicants state their date of birth and social security number.

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Date of Birth                      Social Security Number                      Position

### Present Address

\_\_\_\_\_  
 No. Street                      City                      State                      Zip Code

How long have you lived at your present address? \_\_\_\_\_

### Previous addresses for the past three (3) years (attach if additional space is required)

\_\_\_\_\_  
 No. Street                      City                      State & Zip Code                      How Long?

\_\_\_\_\_  
 No. Street                      City                      State & Zip Code                      How Long?

\_\_\_\_\_  
 No. Street                      City                      State & Zip Code                      How Long?

**Driver's License Information** – list each **UNEXPIRED** commercial motor vehicle operator's license or permit that has been issued to you:

State	License Number	Type	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 or revoked?                      Yes                       No

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations.                      Yes                       No

\*If answered "Yes" to any of the questions above, attach a statement providing the details.

**Driving Experience**

<b>Class of Equipment</b>	<b>Type of Equipment (Van, Tank, Flat, Etc</b>	<b>Dates From</b>	<b>To</b>	<b>Aprox. No. of Total Miles</b>
Straight tuck	_____	_____	_____	_____
Tractor and Semi-Trailer	_____	_____	_____	_____
Twin	_____	_____	_____	_____
Other	_____	_____	_____	_____

List the states that you have operated in during the last five (5) years: \_\_\_\_\_

**Accident History** – provide accident records for the past three (3) years (attach if additional space is required)

<b>Date</b>	<b>Nature of Accident (Head-On, Rear-End,Upset)</b>	<b>No. of Fatalities</b>	<b>No. of Personal Injuries</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Traffic Convictions and Forfeitures** – provide all violations (other than violations involving only parking) for the past three (3) years

<b>Date</b>	<b>Location (City,State)</b>	<b>Charge</b>	<b>Penalty</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Alcohol and Controlled Substance Statement**

The Federal Motor Carrier Safety Regulations (49CFR40.25(j)) requires all persons applying for a driving position requiring a commercial driver’s license to answer the following questions:

Within the last two (2) years, 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? Yes  No

Within the last two (2) years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work? Yes  No

If you answered yes to either 1 or 2 above, can you provide and/or obtain proof that you have successfully Completed the dot return-to-duty requirements? Yes  No

**Employment Record**

The Federal Motor Carrier Safety Regulations (49CFR391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years for a total of then (10) years. Any gaps in employment must be explained.

Start with the most recent or current position, including any military experience (attach if additional space is required). You are required to list the complete mailing address: **street number, city, state and zip code.**

**Most recent or**

**Current Employer:** \_\_\_\_\_ Phone number: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          No. Street            City            State & Zip Code            Month/Year            Month/Year

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSRs while employed by this employer?            Yes             No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?            Yes             No

**Previous Employer:** \_\_\_\_\_ Phone number: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          No. Street            City            State & Zip Code            Month/Year            Month/Year

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_ Phone number: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          No. Street            City            State & Zip Code            Month/Year            Month/Year

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Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?            Yes             No

**Previous Employer:** \_\_\_\_\_ Phone number: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          No. Street            City            State & Zip Code            Month/Year            Month/Year

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSRs while employed by this employer?            Yes             No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?            Yes             No

**Previous Employer:** \_\_\_\_\_ Phone number: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
          No. Street            City            State & Zip Code            Month/Year            Month/Year

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSRs while employed by this employer?            Yes             No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements? Yes  No

Previous Employer: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
No. Street City State & Zip Code Month/Year Month/Year

Position Held: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Were you subject to FMCSRs while employed by this employer? Yes  No

Was this position designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements? Yes  No

Have you ever applied to or worked for **MGE Underground, Inc.** before? Yes  No

If yes, when? \_\_\_\_\_

Do you have reliable means of transportation to and from work? Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes  No

**I certify that I have read and understand all of this employment application. It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to my record.**

**It is also agreed and understood that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, may be obtained from a consumer reporting agency for employment purposes. These types of reports may include information as to your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report(s) may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, verification of your education or employment history and other background checks. They may involve interviews with sources such as your neighbors, friends or associates.**

**I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.**

**I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.**

**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.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)