

## DRIVING EXPERIENCE

Class of Equipment	Type of Equip. (Van/Truck/Flat)	Dates From      To	Approx. No. Total Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor-Two Trailers			
Other			

List any special courses or training that you have taken that will help you as a driver: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any safe driver award you hold and from whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TO BE READ & SIGNED BY APPLICANT

It is agreed and understood that any misrepresentation of information given above shall be an act of dishonesty.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account for his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file

I understand that nothing contained in the form or in the entire applicant process (including employment interview) is intended to establish an employment contract between the Company and me.

I have received no oral promises regarding employment, and I recognize that no such guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I may terminate my employment at any time, and the Company retains a similar right.

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'S SIGNATURE

\_\_\_\_\_  
DATE

# EXPERIENCE & QUALIFICATIONS

*(To be completed by drivers only)*

## DRIVER LICENSES

State	License No.	Type	Exp. Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes     No

B. Has any license, permit or privilege ever been suspended or revoked?

Yes     No

If the answer to either A or B is yes, attach statement giving details:

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## DRIVER'S ACCIDENT RECORD

*(To be completed by drivers only)*

	Date	Nature	Fatalities	Injuries
Last Accident				
Next Previous				
Nex Previous				

## TRAFFIC CONVICTIONS & FOREFITURES FOR THE PAST THREE YEARS

*(Other than parking violations • To be completed by driver only)*

	Date	Nature	Fatalities	Injuries
Last Accident				
Next Previous				
Nex Previous				

# NOTIFICATION AND AUTHORIZATION TO OBTAIN CONSUMER REPORT OF CREDIT HISTORY FOR EMPLOYMENT PURPOSES

I, the undersigned individual, hereby authorize Sysco Food Services of Seattle, Inc., or its agents (hereafter "Sysco") to obtain a "consumer report" (as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. ("FCRA")) of my credit history for employment purposes.

## PLEASE PRINT CLEARLY

FULL NAME: \_\_\_\_\_

OTHER NAMES USED/DATES: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

This authorization, in original or copy form, shall be valid for this and for an future reports and updates that may be requested by Sysco.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_  
(print)

ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following

- 1) Have you 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 during the past two years?

Check one:  Yes  No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

# REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to Sysco Seattle  
for the purposes of investigation as required by Section 391.23 (Prospective Employer)  
of the Federal Motor Carrier Safety Regulations

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

NAME AND ADDRESS OF PREVIOUS EMPLOYER: \_\_\_\_\_  
THIS FORM WAS (check appropriate box)  
 Mailed, Date \_\_\_\_\_  
 Faxed, Date \_\_\_\_\_  
 Emailed, Date \_\_\_\_\_  
 Received by Phone, Date \_\_\_\_\_  
Name of Person Contacted \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dear Sir/Madam:  
The above named individual has made application to this company for a position as \_\_\_\_\_  
and states that he/she was employed by you as \_\_\_\_\_  
from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) \_\_\_\_\_  
Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: Sysco Seattle Attention: \_\_\_\_\_  
Street: P.O. Box 97054 22820 54th Ave S. City, State, Zip: Kent WA 98064-9754  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## TO BE COMPLETED BY PREVIOUS EMPLOYER

**SECTION 1: DRIVER IDENTIFICATION**  
The applicant named above was employed by us. Yes  No   
Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here .

**SECTION 2: SAFETY PERFORMANCE HISTORY**  
1. Did he/she drive motor vehicles for you? Yes  No  If yes, what type? Straight Truck  Tractor-Semitrailer  Bus   
Cargo Tank  Doubles/Triples  Other (Specify) \_\_\_\_\_  
2. Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty   
If there is no safety performance history to report, check here , sign below and return.

**ACCIDENTS:** Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Any other remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED.