



DRIVER APPLICATION

EMPLOYEE ID #

Mailing Address: 7100 East Brundage Lane, Bakersfield, CA 93307-3060 Telephone: 661-366-3286 FAX: 661-366-6520
Physical Address: 210 Fairfax Rd. Bakersfield, CA 93307 Web Address: stibk.com

What type of driver position are you applying for?

- Doubles
- Reefer

| For Company Use (Do not Fill Out) | | | |
|-----------------------------------|------------------------------------|---------------------------------|---|
| Road Test Date | Score: | Date of Start working: | |
| <input type="checkbox"/> F/T Reg. | <input type="checkbox"/> F/T Temp. | <input type="checkbox"/> Other: | Pay: |
| | | | <input type="checkbox"/> Hired <input type="checkbox"/> Rejected |
| Interview By: | | | |

Applicant: We consider applicants for all positions without regard to race, religion, color, sex, age, national origin, marital or veteran status, the presence of a non-job related medical condition or disability or any other legally protected status. Employment at Stevens Transportation Inc. is contingent upon you the applicant passing a pre-employment/post offer physical. Please PRINT and answer all questions.

Solicitante: Consideramos candidatos para todos los puestos sin distinción de raza, religión, color, sexo, edad, origen nacional, estado civil o veterano, la presencia de una condición médica o discapacidad no relacionada con el trabajo o cualquier otro estado legalmente protegido. El empleo en Stevens Transportation Inc. depende de que el solicitante apruebe un examen físico previo a la contratación / post-oferta. IMPRIMA y responde todas las preguntas.

| | | | | | |
|---|--|---|---|--|--|
| Legal Name: (As it appears on your Social Security Card) <i>Nombre legal: (como aparece en su tarjeta de seguro)</i> | | Name you go by: (AKA) Nombre por el que pasa: | | Current Date: Fecha de hoy: | |
| Street Address/ Dirección: | | | Mailing Address/ Dirección de envío: | | |
| City/ Ciudad: | | State/ Estado: | | Zip/ Código postal: | |
| Cell Phone No. / Número de celular | | Home Phone No. / Número de casa | | Email / Correo electrónico | |
| Date of Birth: Per DOT CFR Title 49 §391.21 (b)(2) <i>Fecha de nacimiento: por DOT CFR Título 49 §391.21 (b) (2)</i> | | Can you provide proof of age? <i>¿Puedes dar prueba de tu edad?</i> | | Can you, if hired, submit verification of your legal right to work in the United States? <i>¿Puede usted, si es contratado, presentar una verificación de su derecho legal a trabajar en los Estados Unidos?</i> | |
| | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Social Security No. (Per DOT) CFR Title 49 §391.21 (b)(2) <i>Número de Seguridad Social (Por DOT) CFR Título 49 §391.21 (b) (2)</i> | | | | | |
| Have you ever worked for Stevens Transportation Inc.? <i>¿Alguna vez trabajó para Stevens Transportation Inc.?</i> | | Date you are available for work. <i>Fecha en que está disponible para trabajar.</i> | | Are you available to work on the weekends? <i>¿Estás disponible para trabajar los fines de semana?</i> | |
| <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| If yes, what was your position? Si es así, ¿cuál era su posición Year/ Año: | | | | | |
| Type of Employment you are seeking? <i>Tipo de empleo que está buscando?</i> | | | How were you referred to our Company? ¿Cómo fue referido a nuestra Compañía? | | |
| Full-Time Seasonal Temporary Part-time | | | <input type="checkbox"/> | | |
| Are you employed now? <i>¿Está trabajando ahora?</i> | | May we contact your current employer? / ¿Podemos contactar a su jefe corriente? | | Are there any reasons that may cause absenteeism, lateness or daily early departure from the job during your employment? <i>¿Hay alguna razón que pueda causar ausentismo, retraso o salida diaria temprana del trabajo durante su empleo?</i> | |
| <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |

| Experience and Qualifications-Driver / Experiencia y calificaciones-Conductor | | | | | | |
|--|---|---|--|---|------------------------|--|
| Driver License No (CDL): <i>Licencia de Conductor No (CDL):</i> | Expiration Date of CDL: / Fecha de Vencimiento de CDL: | Date CDL was issued: <i>Fecha en que se emitió la CDL:</i> | No. of years driving with a class "A" license: <i>Número de años conduciendo con una licencia clase "A":</i> | Medical Card Expiration Date: <i>Fecha de Vencimiento de la tarjeta médica:</i> | | |
| Have you ever been denied a license, permit or privilege to operate a motor vehicle? <i>¿Alguna vez le han negado una licencia, permiso o privilegio para operar un vehículo de motor?</i> | | | Has any license, permit privilege ever been suspended or revoked? <i>¿Alguna licencia, privilegio de permiso ha sido suspendido o revocado alguna vez?</i> | | | |
| <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | | |
| Class of Equipment / Clase de equipo | | Check Type of Equipment / Círcula tipo de equipo | | | Dates / Fechas | |
| | | | | | From (M-Y) To (M-Y) | |
| Straight Truck | | <input type="checkbox"/> Van, <input type="checkbox"/> Tank <input type="checkbox"/> Flat <input type="checkbox"/> Dump <input type="checkbox"/> Reefer | | | | |
| Tractor and Semi-Trailer | | <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | | | | |
| Tractor-Two Trailers | | Van Tank Flat Dump Reefer | | | | |
| | | Van Tank Flat Dump Reefer | | | | |
| | | Van, Tank Flat Dump Reefer | | | | |

| Education Educacion | | | |
|---|---|--|---|
| School or Institutions <i>Escuela o Instituciones</i> | Name & Locations <i>Nombre y Ubicaciones</i> | Course of Study <i>Curso de Estudio</i> | # of Years Completed & Degree <i># de años completados y grado</i> |
| High School <i>Escuela secundaria</i> | | | |
| College/University <i>Colegio Universitario</i> | | | |
| Other <i>Otro</i> | | | |

If hired, would you have a reliable means of transportation to and from work? Si es contratado, ¿tendría un medio confiable de transporte hacia y desde el trabajo? Yes/ Si No

Are you at least 25 years old? (If under 25, hire is subject to verification that your are a minimum legal age) ¿Tienes al menos 25 años? (Si es menor de 25 años, la contratación está sujeta a la verificación de que tiene una edad mínima legal) Yes/ Si No

If hired, are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Si es contratado, ¿puede realizar las funciones esenciales del trabajo para el que está postulando, ya sea con o sin ajustes razonables? Yes/ Si No

If No, please describe the functions that cannot be performed. Si es No, describa las funciones que no se pueden realizar. _____

Accident Record (for the Past 3 years or more) | Registro de accidentes (por los últimos 3 años o más)

| Date Fecha | Nature of Accident Naturaleza del accidente | Fatalities Muertes | Injuries Lesiones | Hazardous Material Spill Derrame de material peligroso |
|-------------------------------|--|-----------------------|----------------------|---|
| Last: Más reciente: | | | | |
| Next: Siguiente: | | | | |
| Previous: Anterior: | | | | |
| Previous: Anterior: | | | | |
| Previous: Anterior: | | | | |

References | Referencias

List four (4) personal references not including former employers or relatives/
Enumere cuatro (4) referencias personales que no incluyan a antiguos empleadores o parientes

| Name Nombre | Address Dirección | Telephone No. Número de teléfono | Occupation Ocupación | Number of Years Known Número de años conocidos |
|----------------|----------------------|-------------------------------------|-------------------------|---|
| | | | | |
| | | | | |
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|---|----------------------------|--|--|
| U.S. Military Service? Servicio Militar de los Estados Unidos? <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | Branch Rama militar | Special Training Entrenamiento especial | Do you speak? ¿Hablas? English Inglés <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No Spanish Español <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
|---|----------------------------|--|--|

Former Employer History - 1 | Historia anterior del empleador-1

All drivers' applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.
List completely mailing address, street number, city, state and zip code.
Todos los solicitantes de conductores para conducir en el comercio interestatal deben proporcionar la siguiente información sobre todos los empleadores durante los tres (3) años anteriores.
Enumere por completo la dirección postal, el número de la calle, la ciudad, el estado y el código postal.

| | | | |
|--|--|--|--|
| Employer's Name Nombre del empleado: | | Dates/ Fechas | |
| | | From: _____ | Year _____ |
| Address Dirección: | | To: _____ | |
| | | Year _____ | |
| City/ Ciudad: _____ | | Position Held Cargo que ocupó: | |
| State/ Estado: _____ | | | |
| Zip/ Código postal: _____ | | | |
| Telephone No. Número de teléfono | Contact Person Persona de contacto: | Reason for Leaving Motivo de la partida: | May we contact this employer for a reference? ¿Podemos contactar a este empleador para una referencia? <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
| Truck Type/ Tipo de camión <input type="checkbox"/> 2-Axle <input type="checkbox"/> 3-Axle | Trailer <input type="checkbox"/> Double/ Doble <input type="checkbox"/> 48' <input type="checkbox"/> 53' | Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49CFR Part 40? ¿Fue su trabajo designado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de prueba de drogas y alcohol de 49 CFR Parte 40? <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Other:/ Otro: _____ | Other:/Otro: _____ | | |

| | | | |
|--|--|--|--|
| Employer's Name Nombre del empleado: | | Dates/ Fechas | |
| | | From _____ | Year _____ |
| Address Dirección: | | To: _____ | |
| | | Year _____ | |
| City/ Ciudad: _____ | | Position Held Cargo que ocupó: | |
| State/ Estado: _____ | | | |
| Zip/ Código postal: _____ | | | |
| Telephone No. Número de teléfono | Contact Person Persona de contacto: | Reason for Leaving Motivo de la partida: | May we contact this employer for a reference? ¿Podemos contactar a este empleador para una referencia? <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
| Truck Type/ Tipo de camión <input type="checkbox"/> 2-Axle <input type="checkbox"/> 3-Axle | Trailer <input type="checkbox"/> Double/ Doble <input type="checkbox"/> 48' <input type="checkbox"/> 53' | Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49CFR Part 40? ¿Fue su trabajo designado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de prueba de drogas y alcohol de 49 CFR Parte 40? <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Other:/ Otro: _____ | Other:/Otro: _____ | | |

| | | | |
|--|--|---|---|
| Employer's Name <i>Nombre del empleado:</i> | | Dates/ Fechas | |
| | | From: _____ | Year _____ |
| | | To: _____ | Year _____ |
| Address <i>Dirección:</i> | | Position Held <i>Cargo que ocupó:</i> | |
| City/ Ciudad: | State/ Estado: | Zip/ Código postal: | |
| Telephone No. <i>Número de teléfono</i> | Contact Person <i>Persona de contacto:</i> | Reason for Leaving <i>Motivo de la partida:</i> | May we contact this employer for a reference? <i>¿Podemos contactar a este empleador para una referencia?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
| Truck Type/ Tipo de camión <input type="checkbox"/> 2-Axle <input type="checkbox"/> 3-Axle | Trailer <input type="checkbox"/> Double/ Doble <input type="checkbox"/> 48' <input type="checkbox"/> 53' | Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49CFR Part 40? <i>¿Fue su trabajo designado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de prueba de drogas y alcohol de 49 CFR Parte 40?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Other:/ Otro: _____ | Other:/Otro: _____ | | |

Former Employer History -2 | Historia anterior del empleador-2

All drivers' applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years. List completely mailing address, street number, city, state and zip code.
Todos los solicitantes de conductores para conducir en el comercio interestatal deben proporcionar la siguiente información sobre todos los empleadores durante los tres (3) años anteriores. Enumere por completo la dirección postal, el número de la calle, la ciudad, el estado y el código postal.

| | | | |
|--|--|---|---|
| Employer's Name <i>Nombre del empleado:</i> | | Dates/ Fechas | |
| | | From _____ | Year _____ |
| | | To: _____ | Year _____ |
| Address <i>Dirección:</i> | | Position Held <i>Cargo que ocupó:</i> | |
| City/ Ciudad: | State/ Estado: | Zip/ Código postal: | |
| Telephone No. <i>Número de teléfono</i> | Contact Person <i>Persona de contacto:</i> | Reason for Leaving <i>Motivo de la partida:</i> | May we contact this employer for a reference? <i>¿Podemos contactar a este empleador para una referencia?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
| Truck Type/ Tipo de camión <input type="checkbox"/> 2-Axle <input type="checkbox"/> 3-Axle | Trailer <input type="checkbox"/> Double/ Doble <input type="checkbox"/> 48' <input type="checkbox"/> 53' | Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49CFR Part 40? <i>¿Fue su trabajo designado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de prueba de drogas y alcohol de 49 CFR Parte 40?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Other:/ Otro: _____ | Other:/Otro: _____ | | |

| | | | |
|--|--|---|---|
| Employer's Name <i>Nombre del empleado:</i> | | Dates/ Fechas | |
| | | From: _____ | Year _____ |
| | | To: _____ | Year _____ |
| Address <i>Dirección:</i> | | Position Held <i>Cargo que ocupó:</i> | |
| City/ Ciudad: | State/ Estado: | Zip/ Código postal: | |
| Telephone No. <i>Número de teléfono</i> | Contact Person <i>Persona de contacto:</i> | Reason for Leaving <i>Motivo de la partida:</i> | May we contact this employer for a reference? <i>¿Podemos contactar a este empleador para una referencia?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
| Truck Type/ Tipo de camión <input type="checkbox"/> 2-Axle <input type="checkbox"/> 3-Axle | Trailer <input type="checkbox"/> Double/ Doble <input type="checkbox"/> 48' <input type="checkbox"/> 53' | Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49CFR Part 40? <i>¿Fue su trabajo designado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de prueba de drogas y alcohol de 49 CFR Parte 40?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Other:/ Otro: _____ | Other:/Otro: _____ | | |

| | | | |
|--|--|---|---|
| Employer's Name <i>Nombre del empleado:</i> | | Dates/ Fechas | |
| | | From: _____ | Year _____ |
| | | To: _____ | Year _____ |
| Address <i>Dirección:</i> | | Position Held <i>Cargo que ocupó:</i> | |
| City/ Ciudad: | State/ Estado: | Zip/ Código postal: | |
| Telephone No. <i>Número de teléfono</i> | Contact Person <i>Persona de contacto:</i> | Reason for Leaving <i>Motivo de la partida:</i> | May we contact this employer for a reference? <i>¿Podemos contactar a este empleador para una referencia?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No |
| Truck Type/ Tipo de camión <input type="checkbox"/> 2-Axle <input type="checkbox"/> 3-Axle | Trailer <input type="checkbox"/> Double/ Doble <input type="checkbox"/> 48' <input type="checkbox"/> 53' | Was your job designated as a Safety-Sensitive Function in any DOT-Regulated Mode Subject to the Drug and Alcohol Testing Requirements of 49CFR Part 40? <i>¿Fue su trabajo designado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de prueba de drogas y alcohol de 49 CFR Parte 40?</i> <input type="checkbox"/> Yes/ Si <input type="checkbox"/> No | |
| Other:/ Otro: _____ | Other:/Otro: _____ | | |

| Drivers Hauling Survey Encuesta sobre conducción de conductores | | | |
|--|--|-----------------------------------|-----------------------------|
| 1. Have you ever hauled carrots from a field? | <i>¿Alguna vez ha transportado zanahorias de un campo?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 2. Have you ever hauled almonds from a field? | <i>¿Alguna vez ha transportado almendras de un campo?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 3. Have you ever hauled pistachios from a field? | <i>¿Alguna vez ha acarreado pistachos de un campo?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 4. Have you ever hauled pomegranates from a field? | <i>¿Alguna vez ha transportado granadas de un campo?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 5. Have you ever hauled vines grapes from a field? | <i>¿Alguna vez ha transportado uvas de un campo?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 6. Have you ever hauled onions from a field? | <i>¿Alguna vez ha transportado cebollas de un campo?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 7. Have you ever hauled palletized plastic? | <i>¿Alguna vez ha transportado plástico paletizado?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 8. Have you ever hauled palletized plastic paper? | <i>¿Alguna vez ha transportado papel plástico paletizado?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 9. Have you ever hauled dry van goods? | <i>¿Alguna vez ha transportado mercancías de camionetas secas?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 10. Have you ever hauled a refrigerated trailer (reefer)? | <i>¿Alguna vez ha arrastrado un remolque refrigerado?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 11. Have you ever hauled cotton bales? | <i>¿Alguna vez ha transportado pacas de algodón?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 12. Have you ever hauled tomatoes? | <i>¿Alguna vez ha transportado tomates?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 13. Have you ever hauled walnuts? | <i>¿Alguna vez ha transportado nueces?</i> | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |

| | | | | |
|-----|--|---|-----------------------------------|-----------------------------|
| 14. | Have you ever hauled bin? If so how high? ft. | ¿Alguna vez ha transportado bins? Si es así, ¿qué tan alto? pie. | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 15. | Have you ever pulled a trailer down the Grapevine? | ¿Alguna vez ha transportado un remolque por el Grapevine? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 16. | Have you ever pulled doubles down the Grapevine? | ¿Alguna vez transportado dobles por el Grapevine? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 17. | Have you ever pulled a trailer down Tehachapi? | ¿Alguna vez has transportado un remolque Tehachapi? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 18. | Have you ever pulled doubles down Tehachapi? | ¿Alguna vez has transportado dobles por Tehachapi? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 19. | Have you ever pulled a trailer down Grocer Grade (Cuyama)? | ¿Alguna vez ha transportado un remolque Grocer Grade (Cuyama)? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 20. | Have you ever pulled doubles down Grocer Grade (Cuyama)? | ¿Alguna vez ha transportado dobles por Grocer Grade (Cuyama)? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 21. | Have you ever pulled a trailer down Pacheco Pass? | ¿Alguna vez ha transportado un remolque por Pacheco Pass? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |
| 22. | Have you ever pulled doubles down Pacheco Pass? | ¿Alguna vez ha transportado dobles por Pacheco Pass? | <input type="checkbox"/> Yes Si | <input type="checkbox"/> No |

If you answer "NO" to any of the above, are you willing to learn? Si responde "NO" a cualquiera de los anteriores, ¿está dispuesto a aprender? Yes | Si No

List any trucking, transportation or other experience that may help in your work for this Company Enumere cualquier transporte, transporte u otra experiencia que pueda ayudar en su trabajo para esta empresa:

List Course and training other than show elsewhere in this application Haga una lista del curso y la capacitación que no se muestren en ninguna otra parte de esta aplicación:

List special equipment or technical materials you can work with (other than those already shown Enumera el equipo especial o los materiales técnicos con los que puedes trabajar (aparte de los que ya se muestran):

Signature Firma: **X** _____

Date Fecha: **X** _____

Please read carefully, Initial each paragraph and sign below

I hereby certify that I have not knowingly withheld any information that might adversely affect chances for employment and any answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or mistake, on this application or any document used to secure employment, shall be grounds for rejection of this application or for immediate discharge, if already employed, regardless of the time lapse before discovery. **X**

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matter related to my suitability of employment and further authorize the references, I have listed, to disclose to this Company any and all letters, reports and other information related to my work record without receiving prior notice of such disclosure. In addition, I hereby release to this Company, my former employers' and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures. **X**

I understand that nothing contained in this application or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create any employment contract between me and this Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company President. **X**

I hereby, read and understand the foregoing statements, and accept the same as condition of employment.

Por favor, lea cuidadosamente, Inicialice cada párrafo y firme abajo

Por la presente certifico que no he sabido retener ninguna información que pueda afectar negativamente las oportunidades de empleo y que cualquier respuesta dada por mí es verdadera y correcta según mi leal saber y entender. Certifico además que he completado esta solicitud personalmente. Entiendo que cualquier omisión o error, en esta solicitud o en cualquier documento utilizado para asegurar el empleo, será motivo de rechazo de esta solicitud o de alta inmediata, si ya está empleado, independientemente del lapso de tiempo antes del descubrimiento. **X**

Por la presente autorizo a Stevens Transportation Inc. la Compañía a investigar exhaustivamente mis referencias, registro de trabajo, educación y otros asuntos relacionados con mi idoneidad para el empleo y además autorizo las referencias, que he enumerado, para divulgar a esta Compañía todas y cada una de las cartas, informes y otra información relacionada con mi registro de trabajo sin recibir notificación previa de dicha divulgación. Además, por la presente libero a esta Compañía, a mis antiguos empleadores y a todas las demás personas, corporaciones, asociaciones y asociaciones de todos y cada uno de los reclamos, demandas o responsabilidades que surjan de o de cualquier manera relacionadas con dicha investigación o revelaciones. **X**

Entiendo que nada de lo contenido en esta solicitud o transmitido durante una entrevista, que puede otorgarse, o durante mi empleo, si es contratado, tiene la intención de crear un contrato de trabajo entre esta empresa y yo. Además, entiendo y acepto que si tengo un empleo, mi empleo no tiene un período definido o determinable y puede rescindirse en cualquier momento, con o sin previo aviso, a opción de mí o de la Compañía, y de que no hay promesas o las declaraciones contrarias a lo anterior son vinculantes para la Compañía a menos que se hagan por escrito y que yo y el Presidente de la Compañía las firmemos. **X**

Por este medio, leo y entiendo las declaraciones anteriores, y acepto lo mismo que la condición de empleo.

Signature of Applicant Firma del Solicitante: **X** _____

Date Fecha: **X** _____



7100 EAST BRUNDAGE LANE
BAKERSFIELD, CA 93306-3060
PHONE: (661) 366-3286
FAX: (661) 366-6520

BACKGROUND AUTHORIZATION
Please fax back to: 661-366-6520
(Attention: Siceron 'Ruben' Nunez, Safety Department)

Applicant Printed Name: _____

Date: _____

Social Security Number: _____

Date of Birth: _____

Used exclusively to verify background information

In connection with my application for employment, promotion, reassignment or retention as an employee and for purposes of investigation as required by section 382.413 and section 391.23 of the Federal Motor Carrier Safety Regulations. Stevens Transportation Inc. may obtain a report(s) which may include, but is not limited to, information such as name and dates of my previous employment, prior work-related accidents, motor vehicle operations, criminal convictions, alcohol and drug test results or failure to submit to an alcohol or drug test, character, work habit, academic-credential, job performance, experience and reason for termination.

In conformity with 49 CFR part 40, I hereby authorize the carriers listed below to furnish to Stevens Transportation Inc. the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment tests during the past three years(i) the dates on which I tested positive for drugs and the drugs involved: (ii) the dates on which I tested .04 or greater for alcohol and the test results level (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol: (iv) and other violations of DOT drug and alcohol testing regulations: and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.

Table with 5 columns: Name of Company, Physical Address, City, State, Zip Code. Contains 4 empty rows for data entry.

I hereby authorize request and release from liability any law enforcement agency, school state/federal agency, institution, information service bureau, employer, organization, company, person or other source to disclose any information about me to Stevens Transportation Inc. in connection with evaluating me for employment, promotion, reassignment or retention as an employee.

I release from liability, without reservation, Stevens Transportation Inc. for any employment decision which is based in whole or in part on such information. In the event that the content of the drug/alcohol reports have a negative impact upon the company's decision, you will be provided with a copy of the report along with a statement of your rights, including the right to dispute directly with the previous employer the accuracy or completeness of any information provided. Should any dispute result in correction of an erroneous entry on the drug/alcohol report you may request that we reconsider the hiring decision in view of the corrected report.

In compliance with FMCSA regulation 391.23 part (i) you have certain rights regarding the investigation information that will be provided to Stevens Transportation Inc. You have the right to review information provided by previous employer. You have the right to have errors in the information corrected by the previous employer and for the previous employer to re-send the corrected information to Stevens Transportation Inc. You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigation information must submit a written request to Stevens Transportation Inc. This may be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment. Stevens Transportation Inc. must provide this information within five business days of receiving the written request. If Stevens Transportation Inc. has not yet received the requested information from the previous employer the five-day deadline will begin when we receive the requested safety performance history information. If you have not arranged to pick up or receive the requested records within 30 days from Stevens Transportation Inc., when available, Stevens Transportation Inc. may consider you to have waived your request to review records.

Signature of Applicant: X _____

Date: X _____

AUTHORIZATION;

Name: _____

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Stevens Transportation Inc. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP)

system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature: _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49

C.F.R. 383.5.

LAST UPDATED 2/11/2016

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

NAME: _____

IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with Stevens Transportation Inc. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.