



APPLICATION FOR EMPLOYMENT

Corporate Office
2700 West Main St
Turlock, CA 95380
Ph. (800) 692-5880
Fax (209) 664-3960
jobs@poppystate.com

Applicant: Read and sign before submitting this application.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant _____ Date _____

Name _____ Phone (____) _____
First Middle Last

*Current address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Social Security No. _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____
Name

Position applying for: _____ Temporary Part Time Full Time
Street City State Zip Code

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

GENERAL

Have you ever been convicted of a felony? _____
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment — all circumstances will be considered.

Have you ever worked for this company under another name? Yes No If so, under what name? _____

FOR DRIVERS ONLY

Date of last Department of Transportation prescribed physical examination _____

Date of birth _____

Are you a truck school graduate? Yes No Dates attended: From _____ To _____
Month/Year Month/Year

Truck School _____
Name Address

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
Name Address

EMPLOYMENT RECORD

All applicants must show complete employment history for the past three (3) years. The U.S. Department of Transportation requires that **driver** applicants show all commercial driver employment for the past **ten (10)** years. 391.21 (b) (10), (11).

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary).

Current Employer: _____ Supervisor's name: _____

Address: _____ (ZIP) _____ Phone: (_____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for Leaving: _____

Company: _____ Supervisor's name: _____

Address: _____ (ZIP) _____ Phone: (_____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for Leaving: _____

Company: _____ Supervisor's name: _____

Address: _____ (ZIP) _____ Phone: (_____) _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for Leaving: _____

DRIVER EXPERIENCE AND QUALIFICATIONS

Licenses

Driver licenses held in the past three years must be shown.	State	License No.	Type	Expiration 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

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

If you answered "yes" to A, B or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers				
Other				

List states operated in during last five years: _____

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

List safe driving awards held and who awards were presented by: _____

DRIVING RECORD

Accident Review for past three years (Attach a separate sheet of paper if more space is needed).

Dates (List most recent accident first)	Nature of Accident (Head-On, Rear-End, Merging, Upset, etc.)	Fatalities	Injuries	Hazmat Spill
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Traffic Convictions and Forfeitures for the past three years, other than parking violations.

Date	Location	Charge	Penalty

LIFT TRUCK EXPERIENCE AND QUALIFICATIONS

Do you have any lift truck/pallet jack experience? Yes No How many years? _____

What type(s) of lift truck(s) can you operate? _____

List any courses or special training you have received for operation of lift trucks or pallet jacks. _____

APPLICANT MUST READ & SIGN

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 of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

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

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

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

FOR EMPLOYER USE ONLY

Application completed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Resident Alien Card (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of DMV printout (Dated within 2 weeks)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Entry-level driver (Less than 1 year commercial driving experience)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of driver's license	Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of diploma	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of Social Security card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Entry-Level Driver Training Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>



APPLICANT'S DISCLOSURE & CONSENT RELEASE OF INFORMATION

Applicant Information

Please Print Clearly

Account Number: 0201

Applicant Name: (First Middle Last)	Current Address: (Street Address)
Other Names Used: (Like Maiden)	City: State: Zip:
*Gender: (Circle One) MALE FEMALE	Former Address: (1)
*Social Security No.:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
*Date of Birth: Place of Birth: (City, State, Country)	City: State: Zip:

***This information will be used for purposes of background screening only and will not be used in making any employment decisions.*

NOTICE AND ACKNOWLEDGMENT [IMPORTANT—PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

NOTICE REGARDING BACKGROUND INVESTIGATION

Northern Refrigerated Transportation and/or Poppy State Express may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Idaho or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Ahead Of The Kurve, 917 S. Allante Place, Boise, ID 83709, 208-331-5057 and its or and agents. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

APPLICANT:

Signature: _____

Date _____ / _____ / _____

Print Name: _____

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS,
TITLE 49, SECTIONS 40.25 AND 391.23

I HEREBY AUTHORIZE YOU TO RELEASE/VERIFY ALL INFORMATION REGARDING MY IDENTIFICATION, EMPLOYMENT HISTORY, ALCOHOL AND CONTROLLED SUBSTANCES TESTING, AND ACCIDENT RECORD FOR THE PAST 3 YEARS TO:

**NORTHERN REFRIGERATED TRANSPORTATION, INC.
POPPY STATE EXPRESS, INC.
2700 WEST MAIN STREET
TURLOCK, CALIFORNIA 95380**

APPLICANT'S SIGNATURE

SSN

POSITION APPLIED FOR

DATE

Previous Company	Address, City, State, Zip	Phone #

DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above for the sole purpose of transmitting such records to Northern Refrigerated Transportation, Inc. / Poppy State Express, Inc. I authorize release of the following information concerning DOT drug and alcohol testing violations during the past three years:

1. Alcohol tests with a result of 0.04 or higher.
2. Verified positive drug tests.
3. Refusals to be tested (including verified adulterated or substituted results).
4. Other violations of DOT drug and alcohol testing regulations.
5. Information obtained from previous employers of a drug and alcohol rule violation(s).
6. Documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized involves tests required by DOT. If any carrier (company/school) listed above furnishes information concerning items 1 through 6 above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the three-year period and the name and phone number of any substance abuse professional who evaluated me during the past two years.