



DRIVER APPLICATION

Mail and/or fax to:

AmericanStar

791 Price St. #204

Pismo Beach, CA 93449

Office - (805) 543-9999

Fax - (805) 543-9915

APPLICATION FOR COMMERCIAL DRIVING POSITION

ALL APPLICANTS AND EMPLOYEES ARE SUBJECT TO DRUG TESTING, MEDICAL EXAMINATION REVIEW AND DRIVING RECORD REVIEW

In compliance with Federal and State Equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.

D.O.B. See CDL

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security No. _____
Last First Middle

Address: _____
Street City
State Zip Phone

ADDRESS FOR PAST THREE YEARS _____ How long? _____
Street City State & Zip Code

_____ How Long? _____
Street City State & Zip Code

If hired, can you provide proof of age that you are at least 25 years of age? _____

In case of emergency notify _____
Name Address Phone

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

Who referred you? _____ Rate of pay expected _____

Please list any schedule restrictions: _____

EMAIL ADDRESS: _____

PHYSICAL HISTORY

Are you capable of lifting up to 50 pounds on a regular basis? _____

Ever injured on the job? _____ Give nature and degree of such injuries: _____

How much time lost from work in past three years for illness? _____

Do you have a current DMV Medical Examination form and card*? _____

*(All drivers are required to provide a copy of their current long form and card as a condition of employment)

Would you be willing to take a physical examination? _____

EMPLOYMENT HISTORY

PLEASE PROVIDE ALL EMPLOYMENT INFORMATION IN THE LAST THREE (3) YEARS PLUS AN ADDITIONAL SEVEN (7) YEARS OF APPLICABLE COMMERCIAL DRIVING EXPERIENCE, FOR A TOTAL OF 10 YEARS. ALL FIELDS MUST BE COMPLETE OR APPLICATION MAY BE REJECTED.
 (NOTE: List employers in reverse order starting with the most recent. If you need additional room, attach an additional sheet.)

EMPLOYER		DATES	
NAME		FROM (MM/YY)	TO (MM/YY)
ADDRESS			
CITY	STATE	ZIP	REASON FOR LEAVING
PHONE	FAX		
JOB TITLE	SUPERVISOR		FINAL RATE OF PAY
Were you subject to the FMCSRs while employed? *		YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

EMPLOYER		DATES	
NAME		FROM (MM/YY)	TO (MM/YY)
ADDRESS			
CITY	STATE	ZIP	REASON FOR LEAVING
PHONE	FAX		
JOB TITLE	SUPERVISOR		FINAL RATE OF PAY
Were you subject to the FMCSRs while employed? *		YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

EMPLOYER		DATES	
NAME		FROM (MM/YY)	TO (MM/YY)
ADDRESS			
CITY	STATE	ZIP	REASON FOR LEAVING
PHONE	FAX		
JOB TITLE	SUPERVISOR		FINAL RATE OF PAY
Were you subject to the FMCSRs while employed? *		YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?		YES	NO

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,000 lbs or more, (2) is designed or need to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EMPLOYER			DATES	
NAME			FROM (MM/YY)	TO (MM/YY)
ADDRESS				
CITY	STATE	ZIP	REASON FOR LEAVING	
PHONE	FAX			
JOB TITLE	SUPERVISOR		FINAL RATE OF PAY	
Were you subject to the FMCSRs while employed? *			YES	NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?			YES	NO

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NAME			FROM (MM/YY)	TO (MM/YY)
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CITY	STATE	ZIP	REASON FOR LEAVING	
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IN THE LAST TWO YEARS, HAVE YOU EVER FAILED OR REFUSED A PRE-EMPLOYMENT DRUG OR ALCOHOL TEST FOR ANY COMPANY TO WHICH YOU APPLIED BUT DID NOT BECOME EMPLOYED? (PLEASE CIRCLE ONE)

NO YES (PLEASE EXPLAIN) _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT /TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES DRIVEN
	FROM	TO	

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

DRIVING RECORD

ALL APPLICANTS FOR DRIVING POSITIONS ARE REQUIRED TO PROVIDE, WITH THIS APPLICATION, A DMV FORM H6 ISSUED WITHIN 30 DAYS OF REVIEW BY AMERICANSTAR.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT - DESCRIBE	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE	LOCATION	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

ACKNOWLEDGEMENT

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE SERVICE OF AMERICANSTAR TRAILWAYS AT ANY TIME IN THE FUTURE. FURTHERMORE, I UNDERSTAND THAT JUST AS I MAY RESIGN AT ANY TIME, AMERICANSTAR TOURS RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF AMERICANSTAR TOURS HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY NEITHER IMPLICITLY NOR EXPLICITLY.

I GIVE AMERICANSTAR TOURS THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME IF JOB RELATED. I HEREBY RELEASE FROM LIABILITY AMERICANSTAR TOURS AND IT'S REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

AMERICANSTAR TOURS IS AN EQUAL OPPORTUNITY EMPLOYER. AMERICANSTAR TOURS DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY (90) DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM AMERICANSTAR TOURS AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION.

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.

SIGNATURE OF APPLICANT: _____ **DATE** ____/____/____



791 Price St. #204, Pismo Beach, CA 93449 Phone: 805-543-9999 Fax: 805-543-9915

CONSENT FOR THE RELEASE OF CONFIDENTIAL DRUG/ALCOHOL TESTING INFORMATION

A. APPLICANT: Please sign and return with application. AmericanStar will make copies and send to all applicable previous employers:

I, hereby authorize AmericanStar to obtain two years of drug testing information from my previous employers as. I agree to release AmericanStar, my previous employers, and/or agents of either from any and all liability which may result from furnishing such information.

Name: _____ Signature: _____ Date: _____

B. PREVIOUS EMPLOYER: Please complete this form and fax to **(805) 543-9915, or email sherry@americanstarinc.net**. Thank you for your cooperation.

Company Name: _____

Telephone No.: _____ Fax: _____

Mailing Address: _____

City, State, Zip: _____

Contact Person: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has the applicant ever REFUSED a drug or alcohol test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant ever tested positive (.04 BAC or higher) on a breath alcohol test? (If YES, please complete #6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant ever tested positive on a drug test? (If YES, please complete #6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If YES on 2 or 3, is the applicant in compliance with Part 382.605 of the Federal Regulations? (If YES, please complete #6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the applicant qualified to operate a commercial vehicle in accordance with the FHWA Federal Drug Testing guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |

6. If YES answered to Questions 2, 3, or 4 please complete the following:

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

-CONTINUE TO NEXT PAGE-

Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive
 Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive
 Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive
 Alcohol Test or Drug Test Date: ____/____/____ Result: Negative Positive

Comments:

TEST INFORMATION VERIFIED BY: **NAME:** _____
SIGNATURE: _____ **TITLE:** _____ **DATE:** _____
COMPANY NAME: _____

The Applicant named above currently participates does NOT participate in drug and alcohol testing program that conforms to the Federal Highway Administration testing regulations.

Dates of participation: FROM: _____ TO: _____



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CONSENT FOR RELEASE OF INFORMATION BY PREVIOUS EMPLOYER

A. APPLICANT: Please sign and return with application. AmericanStar will make copies and send to all applicable previous employers:

I hereby authorize AmericanStar to verify all my listed work history as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and inquire about my previous work habits. I agree to release AmericanStar, my previous employers, and/or agents of either from any and all liability which may result from furnishing such information.

Name: _____ Signature: _____ Date: _____

B. PREVIOUS EMPLOYER: Please complete this form and fax to **(805) 543-9915**, or email **sherry@americanstarinc.net**. Thank you for your cooperation.

The above named applicant is being considered for employment with AmericanStar, and states he/she was employed by you as a _____ from _____ to _____. Will you please reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility.

1. Is the employment record with your company correct as stated above? Yes No
2. What were the applicant's primary duties? _____
3. Did the applicant operate motor vehicles? Type? _____
4. Please give the dates of any vehicle accidents in which he/she was involved while working.

5. Reason for leaving your employ: Discharge_____ Layoff_____ Resigned_____.
6. Is the applicant competent for the position sought? _____
7. Has the applicant ever been suspected of drug or alcohol use while on duty? If so, please explain.

	Excellent	Good	Fair	Poor	Unsatisfactory
7. Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cooperation with Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Safety & Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Driving Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Overall Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Verified By: _____ Date: _____

Title: _____

Name of Company: _____