

# ***Ardwin Freight***

**"THE WINNING NAME IN SHIPPING"**

P.O. Box 1609 Burbank, CA 91507-1609

## **APPLICATION INSTRUCTIONS FOR DRIVERS & OWNER OPERATORS**

Dear Applicant:

Thank you very much for your interest in Ardwin Freight.

Ardwin Freight is an Inter- and Intra-State carrier, servicing the Western States since 1988, and thanks to our excellent drivers we provide an unparalleled level of service for our customers every day.

As an experienced driver, you be aware of the new more stringent D.O.T. requirements for providing complete and accurate employment history. **Please help us achieve this by complying with the following instructions:**

1. **The application must be printed in ink and it must be in your own handwriting. PLEASE PRINT LEGIBLY.** Read and follow all instructions carefully.
2. Fill in all blanks **except** those marked "For Office Use only."
3. If a particular question does not apply to you write N/A (not applicable) in the blank space. Do not leave any answer blank.
4. **VERY IMPORTANT!** The section entitled "**EMPLOYMENT HISTORY**" must be completed correctly. You must list all employers, schools, military service and all periods of self-employment or unemployment for the prior 10 years. NOTE: Dates, phone numbers and addresses must be correct with no gaps in dates.
5. In the section entitled "License," list all licenses held within the past 3 years. In the section entitled "**Moving Traffic Convictions**" and "**Accident Record**", list all tickets and forfeitures as well as all accidents within the past 3 years. List all accidents/incidents regardless of fault, severity, or motor vehicle type. We will check your motor vehicle report for the past 3 years, so please be accurate.
6. Background Information release form must be completed and signed.
7. Be sure to **sign and date the application.**

## **REQUIRED DOCUMENTS FOR YOUR APPLICATION**

1. Driver License (Class A).
2. Social Security Card.
3. Current Medical Examination Report for Commercial Drivers (Long form).
4. Current Medical Card.
5. Motor Vehicle Report (driving record) for 3 years.
6. Accident report (for accident which occurred within the last 3 years)

**NOTE: Please do not include original documents.**

**PLEASE NOTE: Applications will not be accepted if not filled out correctly and completely!**

# Ardwin Freight

"THE WINNING NAME IN SHIPPING"

P.O. Box 1609 Burbank, CA 91507-1609

## INSTRUCCIONES DE LA APLICACION PARA CHOFERES & OPERADORES DUEÑOS

Estimado Apicante:

Muchas gracias por su interés en Ardwin Freight.

Ardwin Freight es una compañía transportista Estatal e Inter-Estatal, sirviendo los Estados del Oeste desde 1988, y gracias a nuestro excelente chofer proveemos a nuestros clientes un nivel de servicio sin paralelo todos los días.

Como chofer experimentado, Ud. es conciente del nuevo requisito mas exigente del D.O.T. de proveer una historia de empleos completa y exacta. **Por favor ayudenos a conseguir esto cumpliendo con las siguientes instrucciones:**

1. **La aplicación debe ser escrita con tinta y debe ser con su propia letra a mano. POR FAVOR ESCRIBA LEGIBLE.** Lea y siga todas las instrucciones cuidadosamente.
2. Complete todos los espacios en blanco **excepto** los marcados "For Office Use only."
3. Si una pregunta no aplica con Ud. escriba N/A (no aplicable) en el espacio en blanco. No deje respuestas en blanco.
4. **MUY IMPORTANTE!** La sección con título "**HISTORIA DE EMPLEO**" debe ser correctamente completado. Debe nombrar todos los empleadores, escuelas, servicio militar, los períodos de empleo-propio o desempleo por los anteriores 10 años. NOTA: Fechas, números telefónicos y direcciones deben ser correctos y sin intervalos en las fechas.
5. En la sección titulada "Licencia," ponga todas las licencias que ha tenido en los últimos 3 años. En la sección titulada "**Moving Traffic Convictions**" y "**Accident Record**", haga una lista de todos sus tickets así como los accidentes en los pasados 3 años. Haga una lista de todo accidente/incidente sin tener en cuenta culpa, severidad, o el tipo de vehículo motorizado. Nosotros revisaremos su reporte de manejo de los últimos 3 años, así que por favor sea veraz.
6. La forma de autorización para la Información de Antecedentes debe ser completado y firmado.
7. Asegurese de **firmar y fechar la aplicación.**

### DOCUMENTOS REQUERIDOS PARA SU APLICACION:

1. Licencia de conducir (Clase A).
2. Tarjeta de seguro social.
3. Actual Reporte del Examen Médico para choferes comerciales (forma larga).
4. Actual Tarjeta Médica.
5. Reporte del DMV (reporte de manejo) por 3 años.
6. Reporte de accidente (de accidentes que ocurrieron en los últimos 3 años)

**NOTA: Por favor no incluya documentos originales.**

**POR FAVOR ANOTE: Las aplicaciones no serán aceptadas si no estan llenadas correcta y completamente!**

# Ardwin Freight

## "THE WINNING NAME IN SHIPPING"

APPLICANTS WILL NOT BE DISCRIMINATED BASED ON RACE, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN OR DISABILITY  
 LOS APLICANTES NO SERAN DISCRIMINADOS BASADOS EN LA RAZA, COLOR, SEXO, RELIGION, EDAD, ORIGEN NACIONAL O MINUSVALIA

PLEASE NOTE: The information you provide in this application will be investigated, and your prior employers will be contacted as required by D.O.T. Regulation Part 391.23.  
 POR FAVOR NOTE: La información que ud. proporciona en esta aplicación sera investigada, y su empleador anterior será contactado, como es requerido por la regulación del D.O.T. en la Parte 391.23.

NOTE: ANSWER ALL QUESTIONS – WRITE LEGIBLY – THIS APPLICATION WILL NOT BE CONSIDERED UNLESS COMPLETE.  
 NOTA: RESPONDA TODA PREGUNTA – ESCRIBA LEGIBLE – ESTA APLICACION NO SERA CONSIDERADA A MENOS QUE ESTE COMPLETA

**FOR OFFICE USE ONLY- DO NOT WRITE IN THIS AREA**  
**SOLAMENTE PARA USO DE LA OFICINA – NO ESCRIBA EN ESTA AREA**

**THIS APPLICATION MUST BE COMPLETED IN INK IN APPLICANTS OWN HANDWRITING**  
**ESTA APLICACION DEBE SER LLENADA CON TINTA CON LA PROPIA MANO DEL APLICANTE**

DATE OF APPLICATION: \_\_\_\_\_ SOCIAL SECURITY No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 FECHA DE LA APLICACION No. DE SEGURO SOCIAL

FULL NAME \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 NOMBRE COMPLETO FIRST MIDDLE LAST

PERMANENT ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
 DIRECCION PERMANENTE STREET

\_\_\_\_\_ HOW LONG THERE? \_\_\_\_\_ CELL/  
 CITY STATE ZIP CUANTO TIEMPO ALLI? MOBILE \_\_\_\_\_

PRIOR ADDRESS \_\_\_\_\_ CELL CARRIER \_\_\_\_\_  
 DIRECCION ANTERIOR STREET

\_\_\_\_\_ HOW LONG THERE? \_\_\_\_\_ EMERGENCY  
 CITY STATE ZIP CUANTO TIEMPO ALLI? PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ /19 \_\_\_\_\_ WHEN CAN YOU START WORK? \_\_\_\_\_  
 FECHA DE NACIMIENTO CUANDO PUEDE EMPEZAR A TRABAJAR?

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ NAME PHONE RELATIONSHIP  
 EN CASO DE EMERGENCIA NOTIFICAR A

NEAREST RELATIVES NOT LIVING WITH YOU:  
 FAMILIARES MAS CERCANOS QUE NO VIVEN CON UD:

1. \_\_\_\_\_ NAME ADDRESS PHONE No RELATIONSHIP

2. \_\_\_\_\_ NAME ADDRESS PHONE No RELATIONSHIP

ARE YOU CURRENTLY WORKING? \_\_\_\_\_ IF NOT, HOW LONG HAVE YOU BEEN OUT OF WORK? \_\_\_\_\_  
 ESTA EMPLEADO AHORA? SI NO LO ESTA, HACE CUANTO TIEMPO QUE ESTA SIN TRABAJO?

HOW DID YOU FIND OUT ABOUT US?  
 COMO SE ENTERO DE NOSOTROS?

[ ] NEWSPAPER – Name of Newspaper \_\_\_\_\_ [ ] MAGAZINE – Name of Magazine \_\_\_\_\_ [ ] FLYER

[ ] REFERRED BY A DRIVER – Name of Driver \_\_\_\_\_ [ ] BACK OF TRAILER [ ] OTHER \_\_\_\_\_

**PLEASE READ CAREFULLY**  
**POR FAVOR LEA CUIDADOSAMENTE**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? [ ] YES [ ] NO  
Ha sido denegada alguna vez su licencia, permiso o privilegio para operar un vehiculo automotor?
- B. Have you ever had a license, permit or a driving privilege suspended or revoked? [ ] YES [ ] NO  
Ha sido alguna vez suspendida o revocada una licencia, permiso o privilegio para manejar?
- C. Have you ever been convicted of driving while intoxicated (DWI) or driving under the influence (DUI)? [ ] YES [ ] NO  
Ha sido alguna vez declarado culpable de manejar intoxicado o bajo la influencia del alcohol?
- D. Have you ever been convicted or plead no contest to any drug or alcohol related offense? [ ] YES [ ] NO  
Ha sido alguna vez declarado culpable o no ha negado algun cargo relacionado a drogas o alcohol?
- E. When was the last time, if ever, you used an illegal drug (including marijuana)? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ [ ] NEVER  
Cuando fue la ultima vez, si hubo, que Ud uso una droga ilegal (incluyendo marihuana)? NUNCA
- F. Have you ever been convicted of a felony? [ ] YES [ ] NO  
Ha sido alguna vez declarado culpable de una felonía?
- G. Have you ever had a cargo stolen? [ ] YES [ ] NO  
Ha tenido alguna vez una carga robada?
- H. Have you ever tested positive, or refused to test, in any drug or alcohol test? [ ] YES [ ] NO  
Ha resultado alguna vez positivo, o rehusado a alguna prueba de alcohol o drogas?

If answer to either A, B, C, D, E, F, G or H is YES, state circumstances and date. \_\_\_\_\_  
 Si la respuesta a cualquiera A,B,C,D,E,F,G o H es SI, diga en que circunstancias y la fecha.

**EDUCATION**  
*EDUCACION*

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
*CIRCULE EL GRADO MAS ALTO ALCANZADO SECUNDARIA/PREP: UNIVERSIDAD*  
LIST ANY OTHER TRAINING OR SCHOOLS \_\_\_\_\_  
*LISTE OTROS ENTRENAMIENTOS O ESCUELAS*  
TRUCK DRIVING SCHOOL \_\_\_\_\_  
*ESCUELA PARA MANEJAR CAMIONES*

DATE COMPLETED \_\_\_\_\_  
*FECHA COMPLETADO*

**MILITARY STATUS**  
*ESTADO MILITAR*

HAVE YOU SERVED IN THE U.S. ARMED FORCES: [ ] YES [ ] NO BRANCH \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
*HA SERVIDO EN LAS FUERZAS ARMADAS DE ESTADOS UNIDOS (ARMY,NAVY,AIR FORCE,MC,ETC) FECHAS: DE A*  
RANK AT DISCHARGE \_\_\_\_\_ DUTIES \_\_\_\_\_  
*RANGO AL LICENCIAR TAREAS*

**EMPLOYMENT HISTORY FOR PAST 10 YEARS**  
*HISTORIA DE EMPLEO DE LOS ULTIMOS 10 AÑOS*

Begin with your present or most recent job and work backwards in order, listing the places you have worked for at least 10 years including all full and part-time work. All time must be accounted for including military service, schooling, self-employment and periods of unemployment. Use supplementary sheet if necessary.

*Comience con su actual o mas reciente empleo y continúe hacia atras en orden, haciendo una lista de los lugares que ha trabajado por lo menos 10 años incluyendo todo trabajo de tiempo completo o tiempo parcial. Todo el tiempo debe ser contabilizado,, incluyendo el servicio militar, escuelas, trabajo por si mismo o por su cuenta y periodos de desempleo. Use hojas adicionales si es necesario..*

**CURRENT EMPLOYER**  
*EMPLEADOR ACTUAL*

Mo Day Yr Mo Day Yr  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
Tractor Driven \_\_\_\_\_ STREET CITY STATE/ZIPCODE  
Trailers Pulled \_\_\_\_\_ Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada Razon de su salida Renuncia Voluntaria Terminado*  
Supervisor \_\_\_\_\_ Please Explain \_\_\_\_\_  
States Driven in \_\_\_\_\_ Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del D.O.T. mientras trabajaba patra este empleador?*  
Rate of Pay \_\_\_\_\_ Were you required to perform safety sensitive functions (such as driving) subject to D.O.T drug/  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
How many Accidents/Incidents? \_\_\_\_\_ alcohol testing? [ ] YES [ ] NO

**SECOND TO LAST EMPLOYER**  
*SEGUNDO ULTIMO EMPLEADOR*

Mo Day Yr Mo Day Yr  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
Tractor Driven \_\_\_\_\_ STREET CITY STATE/ZIPCODE  
Trailers Pulled \_\_\_\_\_ Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada Razon de su salida Renuncia Voluntaria Terminado*  
Supervisor \_\_\_\_\_ Please Explain \_\_\_\_\_  
States Driven in \_\_\_\_\_ Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
Rate of Pay \_\_\_\_\_ Were you required to perform safety sensitive functions (such as driving) subject to D.O.T. drug/  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
How many Accidents/Incidents? \_\_\_\_\_ alcohol testing? [ ] YES [ ] NO

**THIRD TO LAST EMPLOYER**  
*TERCER ULTIMO EMPLEADOR*

Mo Day Yr Mo Day Yr  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
Tractor Driven \_\_\_\_\_ STREET CITY STATE/ZIPCODE  
Trailers Pulled \_\_\_\_\_ Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada Razon de su salida Renuncia Voluntaria Terminado*  
Supervisor \_\_\_\_\_ Please Explain \_\_\_\_\_  
States Driven in \_\_\_\_\_ Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
Rate of Pay \_\_\_\_\_ Were you required to perform safety sensitive functions (such as driving) subject to D.O.T.  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
How many Accidents/Incidents? \_\_\_\_\_ drug/ alcohol testing? [ ] YES [ ] NO

**FOURTH TO LAST EMPLOYER**  
**CUARTO ULTIMO EMPLEADOR**

From    /    /    To    /    /     
 Phone # (    ) \_\_\_\_\_  
 Tractor Driven \_\_\_\_\_  
 Trailers Pulled \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 States Driven in \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_  
 How many Accidents/Incidents? \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
   STREET  CITY  STATE/ZIPCODE  
 Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada  Razon de su salida  Renuncia Voluntaria  Terminado*  
 Please Explain \_\_\_\_\_  
 Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
 Were you required to perform safety sensitive functions (such as driving) subject to D.O.T.  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
 drug/ alcohol testing? [ ] YES [ ] NO

**FIFTH TO LAST EMPLOYER**  
**QUINTO ULTIMO EMPLEADOR**

From    /    /    To    /    /     
 Phone # (    ) \_\_\_\_\_  
 Tractor Driven \_\_\_\_\_  
 Trailers Pulled \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 States Driven in \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_  
 How many Accidents/Incidents? \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
   STREET  CITY  STATE/ZIPCODE  
 Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada  Razon de su salida  Renuncia Voluntaria  Terminado*  
 Please Explain \_\_\_\_\_  
 Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
 Were you required to perform safety sensitive functions (such as driving) subject to D.O.T.  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
 drug/ alcohol testing? [ ] YES [ ] NO

**SIXTH TO LAST EMPLOYER**  
**SEXTO ULTIMO EMPLEADOR**

From    /    /    To    /    /     
 Phone # (    ) \_\_\_\_\_  
 Tractor Driven \_\_\_\_\_  
 Trailers Pulled \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 States Driven in \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_  
 How many Accidents/Incidents? \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
   STREET  CITY  STATE/ZIPCODE  
 Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada  Razon de su salida  Renuncia Voluntaria  Terminado*  
 Please Explain \_\_\_\_\_  
 Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
 Were you required to perform safety sensitive functions (such as driving) subject to D.O.T.  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
 drug/ alcohol testing? [ ] YES [ ] NO

**SEVENTH TO LAST EMPLOYER**  
**SEPTIMO ULTIMO EMPLEADOR**

From    /    /    To    /    /     
 Phone # (    ) \_\_\_\_\_  
 Tractor Driven \_\_\_\_\_  
 Trailers Pulled \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 States Driven in \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_  
 How many Accidents/Incidents? \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
   STREET  CITY  STATE/ZIPCODE  
 Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada  Razon de su salida  Renuncia Voluntaria  Terminado*  
 Please Explain \_\_\_\_\_  
 Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
 Were you required to perform safety sensitive functions (such as driving) subject to D.O.T.  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
 drug/ alcohol testing? [ ] YES [ ] NO

**EIGHT TO LAST EMPLOYER**  
**OCTAVO ULTIMO EMPLEADOR**

From    /    /    To    /    /     
 Phone # (    ) \_\_\_\_\_  
 Tractor Driven \_\_\_\_\_  
 Trailers Pulled \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 States Driven in \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_  
 How many Accidents/Incidents? \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
   STREET  CITY  STATE/ZIPCODE  
 Position Held \_\_\_\_\_ Reason for Leaving [ ] Voluntary Quit [ ] Terminated  
*Posición ocupada  Razon de su salida  Renuncia Voluntaria  Terminado*  
 Please Explain \_\_\_\_\_  
 Were you subject to D.O.T. regulations while working for this employer? [ ] YES [ ] NO  
*Estuvo sujeto a las reglas del DOT mientras trabajaba para este empleador?*  
 Were you required to perform safety sensitive functions (such as driving) subject to D.O.T.  
*Fue requerido de realizar funciones de seguridad de cuidado (tal como conducir) sujeto al test de drogas/alcohol?*  
 drug/ alcohol testing? [ ] YES [ ] NO

**DRIVING EXPERIENCE**  
EXPERIENCIA DE MANEJO

CLASS OF EQUIPMENT <i>CLASE DE EQUIPO</i>	TYPE OF TRAILER: VAN-TANK-ETC <i>TIPO DE TRAILA: CAJA - TANQUE - ETC</i>	DATES <i>FECHAS</i>		APPROX.No OF MILES <i>NUMERO APROX. DE MILLAS</i>
		FROM <i>DESDE</i>	TO <i>HASTA</i>	
STRAIGHT TRUCK <i>CAMION CHICO</i>				
TRACTOR AND ONE TRAILER <i>CAMION Y TRAILA</i>				
TRACTOR AND TWO TRAILERS <i>CAMION CON DOS TRAILAS</i>				
OTHER <i>OTRO</i>				

**LIST CURRENT AND ALL PREVIOUSLY HELD DRIVER'S LICENSES (COMMERCIAL & NON-COMMERCIAL)**

*HAGA UNA LISTA DE SU ACTUAL LICENCIA Y TODAS LAS LICENCIAS ANTERIORES ( COMERCIAL Y NO-COMERCIAL)*

STATE <i>ESTADO</i>	LICENSE NUMBER <i>NUMERO DE LICENCIA</i>	TYPE <i>TIPO</i>	ENDORSEMENTS <i>ENDORSOS</i>	EXPIRATION DATE <i>FECHA DE EXPIRACION</i>

**MOVING TRAFFIC CONVICTIONS LIST ALL FOR PAST (3) YEARS. IF (NONE), WRITE (NONE)**

*HAGA UNA LISTA DE TODAS LAS VIOLACIONES DE TRAFICO DE LOS ULTIMOS 3 AÑOS. SI NO HA TENIDO, ESCRIBA (NONE)*

DATE <i>FECHA</i>	VEHICLE DRIVEN <i>VEHICULO MANEJADO</i>	LOCATION (STATE) <i>LUGAR(ESTADO)</i>	CHARGE <i>CARGO</i>	PENALTY <i>MULTA O PENA</i>

**ACCIDENT / INCIDENT RECORD LIST ALL REGARDLESS OF FAULT FOR PAST THREE YEARS. IF NONE, WRITE (NONE)**

*HAGA UNA LISTA DE ACCIDENTES O INCIDENTES SIN TENER EN CUENTA LA CULPA, POR LOS ULTIMOS TRES AÑOS. SI NO HA TENIDO, ESCRIBA (NONE)*

DATE <i>FECHA</i>	VEHICLE DRIVEN <i>VEHICULO MANEJADO</i>	TYPE OF ACCIDENT/INCIDENT (HEAD ON, REAR-END, UPSET, ETC) <i>TIPO DE ACCIDENTE/INCIDENTE (DE FRENTE, POR DETRAS, VOLCADO,ETC</i>	PREVENTABLE OR NON-PREVENTABLE <i>PREVENIBLE O NO PREVENIBLE</i>	FATALITIES <i>MUERTES</i>	INJURIES <i>LESIONES</i>	AMOUNT OF PROPERTY DAMAGE <i>CANTIDAD DEL DAÑO A LA PROPIEDAD</i>

**REFERENCES**

**(Please list 3 people able to verify your work and personal history, such as a co-worker, supervisor, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)**

REFERENCIAS

*(Por favor haga una lista de 3 personas capaces de verificar su historia personal y de empleo, tales como un compañero de trabajo, supervisor, vecino, cliente o un destacado ciudadano de su comunidad. No incluya familiares.)*

- Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

**TO BE READ AND SIGNED BY THE APPLICANT**

*PARA SER LEIDO Y FIRMADO POR EL APLICANTE*

**(Please read carefully)**

*(Por favor lea cuidadosamente)*

It is agreed and understood that Ardwin Freight and its agents, including its insurance persons, may investigate the applicant's background and driving record to ascertain any and all information of concern to applicant's record, whether same is of record or not, and the applicant releases Ardwin Freight and persons named herein from all liability for any damages on account of his/her furnishing of such information. The applicant agrees to furnish such additional information and complete such examination as may be required to complete his/her contractor's file. It is further agreed that if and when the applicant is called in to undergo our qualification process, that the applicant must meet all aspects of these qualification requirements before entering into a contract with Ardwin Freight.

The applicant hereby certifies that this application was completed by the applicant himself/herself. The applicant also attests that all information in the application is true, complete and without omissions. It is also understood that any false, misleading or incomplete statements on this application shall be sufficient grounds for denial of contract or if contracted, termination thereof.

*Esta acordado y entendido que Ardwin Freight y sus agentes, incluyendo las personas de su aseguranza, pueden investigar los antecedentes y record de manejo del aplicante para estar seguro de toda la información concerniente a su record, y el aplicante libera a Ardwin Freight y personas nombradas aqui de toda responsabilidad por cualquier daño, por haber proporcionado tal información. El aplicante acuerda proporcionar tal información adicional para completar tal investigación, porque puede ser requerido para completar el expediente del contratista. Esta acordado además que si el aplicante es llamado para someterse a nuestro proceso de calificación, debe cumplir todos los aspectos requeridos antes que pueda ser contratado por Ardwin Freight.*

*El/la aplicante certifica que esta aplicacion fue llenada por si mismo/misma. El/la aplicante tambien testifica que toda la información en la aplicación es verdadera, completa y sin omisiones. Esta también entendido que cualquier falsedad, engaño o declaración incompleta en esta aplicacion, serán suficientes razones para negar contrato o, si esta contratado, terminar su contrato.*

APPLICANT'S NAME \_\_\_\_\_  
*NOMBRE DEL APLICANTE*

DATE \_\_\_\_\_  
*FECHA*

APPLICANT'S SIGNATURE \_\_\_\_\_  
*FIRMA DEL APLICANTE*

# Ardwin Freight

## REQUEST FOR BACKGROUND INFORMATION

DRIVER'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

I hereby authorize my previous and/or current employers, to furnish Ardwin Freight the information requested below including information relating to any accidents in which I was involved and all information concerning my Alcohol and Controlled Substances Testing records, including pre-employment testing. I agree to release all my previous and/or current employers from any liability that may arise from providing such information.

Date: \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

**NOTICE TO FORMER EMPLOYER: PLEASE PROVIDE ALL INFORMATION REQUESTED BELOW, IN ACCORDANCE WITH 49 CFR PART 391.23, YOU ARE REQUIRED TO PROVIDE INFORMATION REGARDING ACCIDENTS INVOLVING THE DRIVER LISTED ABOVE. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.**

### **NOTICE TO DRIVER: BELOW THIS LINE FOR OFFICE USE ONLY**

#### **EMPLOYMENT AND DRUG/ALCOHOL TESTING VERIFICATION**

**RETURN TO:**

Ardwin Freight P.O. 1609 Burbank, CA 91507

**RECRUITER:** JUAN J ROJAS PEÑA

**PHONE**(818) 827-5246

**RETURN FAX** (818) 827-3246

NAME OF COMPANY : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY : \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

SUPERVISOR/CONTACT NAME \_\_\_\_\_ POSITION \_\_\_\_\_

PERIODS OF EMPLOYMENT:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

POSITION HELD:

Driver  Owner Operator

REASON FOR LEAVING:

Voluntary  Lay-off  Terminated

If "Terminated." Why? \_\_\_\_\_

ELIGIBLE FOR REHIRE?

Yes  No

If "No." Why? \_\_\_\_\_

#### **ACCIDENT/INCIDENT RECORD. LIST ALL REGARDLESS OF FAULT. IF NONE, WRITE "NONE".**

Date	Vehicle Driven	Type of Accident/Incident (overturned, rear-end, etc)	Preven. Non-Preven.	# of Fatalities	# of Injuries	Hazmat Release? (other than fuel)	City	ST	Amount of Damage \$

1. Tractor Type:  Two axle  Three axle  Straight truck  Other

2. Trailer Type:  Van  Flatbed  Tank  Other

Trailer Length: \_\_\_\_\_

3. Area(s) of Operation:  Northeast  East Coast  Southeast  Midwest  West Coast  Northwest  48 States

4. Commodities Hauled:  General  Lumber  Steel  Equipment  Refrigerated  Other

5. Was driver's license ever revoked or suspended?  Yes  No

6. Was this person ever involved with a stolen load?  Yes  No

COMMENTS: \_\_\_\_\_

**IN ACCORDANCE WITH 49 CFR PART 40, please answer the following:**

- Has this person ever tested positive for a controlled substance?
- Has this person ever had an alcohol test with a result of 0.04 or higher alcohol concentration?
- Has this person ever refused a required test for drugs or alcohol?
- Has this person ever violated any other D.O.T. drug or alcohol regulation?
- Have you received information from any previous employer that this person violated D.O.T. drug or alcohol regulations?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: \_\_\_\_\_

COMPLETED BY

(SIGNATURE): \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE: \_\_\_\_\_

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

**REGARDING BACKGROUND REPORTS FROM THE *Online PSP Service***

In connection with your application for employment with **Ardwin Inc DBA: Ardwin Freight**, 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.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below: I authorize **Ardwin Inc, DBA Ardwin Freight** 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 2 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 I 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 \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

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.

LAST UPDATED 12/22/2015