

Pre-Application

(Answer all questions in ink or typed – please print)

Date: _____ Position Applied for (Line/Yard/Interstate): _____

Name: _____ Email: _____

Phone: _____ Alt. Phone: _____

Current Address: _____ Length of time

Street (incl. apartment number) _____ City _____ State _____ Zip Code _____ Yrs. _____ Mos. _____

WORK EXPERIENCE

Type of Work: _____ (Line, Yard, or Interstate) Years Experience: _____ Yrs. _____ Mos. _____

States Covered: _____ Equipment Owned: _____

CA MCP #: _____ US DOT #: _____ ICC#: _____

CA CHP BIT Safety Rating: _____ US DOT Safety Rating: _____

Insurance Carrier: _____ Policy Limits: _____

DRIVING RECORD

- 1 Yes No Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
- 2 Yes No Have you ever had any license, permit, or privilege revoked or suspended?
- 3 Yes No Have you ever been stopped by law enforcement while intoxicated?
If so, were you operating a Commercial Motor Vehicle? Yes No
- 4 Yes No Have you ever tested positive, or refused to test, on any employment or pre-employment drug or alcohol test covered by the DOT agency drug and alcohol testing rules? (49 C.F.R. part 382)
If you answered yes to any of the above questions, please state the circumstances and dates below.

Please obtain a copy of your DMV printout for the past 10 years and send it along with this application to:

Carrier Assistance Network
c/o Coy Medrano
10001 Oleander Avenue
Fontana, CA 92335
Phone : (909) 574-0133 | FAX: (909) 574-4980
Email: cmedrano@carrierassistance.net

FOR PERSONNEL USE ONLY																
	YRS	EQ	IC	\$	BIT	DOT	Test	Exp.	Equip.							
LINE								IC	CS							
INT.								BIT S.R.	DOT S.R.							
								Reviewed by:	Date							
								Status:								Interview Date:
								<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected								Interview Time: