



Perrault Corporation

P.O Box 578

Bonsall CA 92003

COMMERCIAL DRIVER APPLICATION

Perrault Corporation is an Equal Opportunity Employer

APPLICANT INFORMATION

DATE _____ Position applying for: _____
NAME _____

PHONE () _____ EMERGENCY PHONE () _____

DATE OF BIRTH _____ SS# _____

(The Federal Motor Carrier Safety Regulation (49CFR391.21 (b) (2) requires that driver applicants state their date of birth and SS #.)

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

FROM TO
FROM TO
FROM TO

HAVE YOU WORKED FOR THIS COMPANY BEFORE? Yes No

If yes, give dates: From To

Reason for leaving? _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 Post Graduate: 1 2 3 4

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years. List complete mailing address, street number, city, state and zip code. List most recent employer first.

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? 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

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? Yes No



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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

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? 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

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? 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

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? 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

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()

Were you subject to the FMCSRs while employed here? 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

Mo/Yr Mo/Yr Present or Last Employer
From To Name

Position Held Address

Reason for leaving Company phone ()



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Were you subject to the FMCSRs while employed here? _____ 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
 (Attach additional sheets for 10-year history, if needed.)

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-trailer			
Tractor & two trailers			
Tractor & triple trailers			
Other			

List states operated in, for the last five (5) years: _____

List special courses/training completed (PTD/DDC, HAZMAT, ETC) _____

List any Safe Driving Awards you hold and from whom: _____

Accident Record for past three (3) years: (attach sheet if more space is needed):

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (other than parking violations):

Date	Location	Charge	Penalty

Driver's License or Permits (list each driver's license held in the past three (3) years):

State	License Number	Class	Endorsements	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? _____ Yes _____ No

If the answers to any questions listed above are "yes, give details _____



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Please read carefully before signing.

Perrault Corporation is an equal opportunity employer. Perrault Corporation does not discriminate in employment on account of race, color, religion, national origin, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, genetic information, medical condition, pregnancy and perceived pregnancy, military and veteran status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Perrault Corporation to hire me. If I am hired, I understand that either Perrault Corporation or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Perrault Corporation has the authority to make any assurance to the contrary.

I hereby authorize Perrault Corporation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further, authorized the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of our in any way related to such investigation or disclosure.

If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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.

Applicant Signature _____ **Date** _____