

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre :

Robert Gilroy

Date / Fecha :

12/6/21

Company applying to / Compañía a que aplica :

ROY SALMON

Per FMCSA's 391.23 (investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica :

Driver

Referred by / Referido por :

WALKIN

Social Security / Seguro Social :

219 86 1317

Date of Birth / Fecha de Nacimiento :

1/9/76

Address / Dirección :

3215 Ferndale Ave

City / Ciudad :

Baltimore

State / Estado :

md

Zip / Código Postal :

21207

CDL / CDL :

CLASS A

CDL Expiration / Expiración de CDL :

1/9/27

Home / Hogar :

301 659 3694

Work / Trabajo :

Cell / Celular :

301 659 3694

Email / Email :

RGilroy76@gmail.com

Emergency Contact / Contacto de Emergencia :

Feebee SWANN

Tel. / Tel. :

240 419 0794

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección :

5161 Royal BIRKDALE AVE

WALDORF MD. 20602

How long / Tiempo :

6 yrs

2. Address / Dirección :

How long / Tiempo :

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU?

☒ Yes / Si

No

Are you presently working / Usted esta actualmente trabajando?

Yes / Si

☒ No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo?

3 weeks

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /

Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si

☒ No

Have you ever tested positive for drugs or alcohol as a commercial driver /

Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si

☒ No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENSIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	MD	G-460-745-237-027	Class A	1/9/27

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
Alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si

☒ No

B. Has any license, permit or privilege ever been suspended or revoked /
Alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si

☒ No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 1999

Years of Commercial Motor Vehicle experience : 22

Below, please list the type of Commercial Motor Vehicle experience you have had:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Dry Van Truck | <input type="checkbox"/> Car Carrier Truck | <input checked="" type="checkbox"/> Off-Highway |
| <input checked="" type="checkbox"/> Tractor-Semi Trailer | <input type="checkbox"/> Crane Truck | <input type="checkbox"/> Passenger Bus |
| <input type="checkbox"/> Reefer | <input type="checkbox"/> Transfer Truck | <input checked="" type="checkbox"/> Plow Truck |
| <input checked="" type="checkbox"/> Flatbed Truck | <input type="checkbox"/> Expeditor/Hot Shot | <input type="checkbox"/> Refuse Hauler |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Farm/Grain Truck | <input checked="" type="checkbox"/> Roll-back Tow Truck |
| <input checked="" type="checkbox"/> Tank Truck | <input type="checkbox"/> Fire Truck | <input checked="" type="checkbox"/> Salvage Truck |
| <input type="checkbox"/> Beverage Truck | <input type="checkbox"/> Fuel/Lube Truck | <input type="checkbox"/> Service: Utility/Mechanic Truck |
| <input type="checkbox"/> Bucket/Boom Truck | <input checked="" type="checkbox"/> Logging Truck | <input type="checkbox"/> Toter Truck |
| <input checked="" type="checkbox"/> Cab & Chassis Truck | <input checked="" type="checkbox"/> Low Boy | <input checked="" type="checkbox"/> Tractor |
| <input checked="" type="checkbox"/> Cabover Truck | <input type="checkbox"/> Mixer: Asphalt/Concrete | <input checked="" type="checkbox"/> Wrecker Tow Truck |

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1				
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido sí yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.



Signature / Firma :

Robert Silver

Date / Fecha :

12/6/21

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ROY SALMON for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

SIGN
HERE

Driver's Signature :

Robert Hilroy

Date :

12/6/76

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

SIGN
HERE

Requester's Signature :

Robert Hilroy

Date :

12/6/76

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : _____

Address : _____

City, State, Zip : _____

Former Address : _____

City, State, Zip : _____

Date of Birth : _____

Social Security No. : _____

License No. : _____

REQUESTED BY:

Name : _____

Title : _____

SIGN
HERE

Signature : _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.

Driver : Robert Gilroy Company : Roy Salmon
Social Security # : 219-56-1317 CDL # : G-460-745-237-027
Address : 3215 Ferndale AVE City : BALT State : MD Zip : 21207



Signature : _____

Date: _____

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer : _____ Compañía : _____

Seguro Social : _____ CDL : _____

Dirección : _____ Ciudad : _____ Estado : _____ Zip : _____



Firma : _____

Fecha : _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre : Robert Gilroy Date / Fecha : 12/6/76

Company applying to / Compañía a que aplica : Roy Salmon

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha : March 1999

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador?

☐ YES / SI ☒ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40?

☒ YES / SI ☐ NO

Company / Compañía : A plus paving

Position Held / Posición : Driver

Address / Dirección : Charles Hall
md

Reason for Leaving / Razón de Renuncia : moved

Contact Person / Supervisor : Kristina Sharpe

Phone / Teléfono : 301 399 3445

Fax / Fax : _____

 Signature / Firma : Robert Gilroy Date / Fecha : 12/6/01

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 **Signature / Firma :** _____ **Date / Fecha :** _____

Date / Fecha : From / Desde : _____ To / Hasta : _____

☐ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

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Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

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Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☐ NO


Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☐ NO

Company / Compañía : _____ Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : _____

AUTHORIZATION FOR SUBSTANCE ABUSE TESTING

Please complete this form and have the driver / employee go to the designated center:

Company : ROY SALMON

Date : 12/6/21

☒ Driver

☐ Employee

Name : Robert Gilroy

Drug Test to Perform :

☐ DOT (Federal)

☐ Drug-Free Workplace (Non-DOT)

Alcohol Test to Perform :

☐ DOT (Federal)

☐ Drug-Free Workplace (Non-DOT)

Reason for Test :

☒ Pre-Employment

☐ Random

☐ Post-Accident

☐ Follow-up

☐ Fitness for duty

☐ Reasonable Suspicion

☐ Return to Work

Designated Center Contact Information :

Address : _____ Phone : _____

Other Instructions : _____

Person Authorizing : _____

Title : _____

Phone : _____

 SIGN
HERE

Authorized Signature : _____

Date : _____

Driver Evaluation Road Test Form

Driver Name: Robert Gilroy Test Date: _____

Observed by: Roy Salmon

Vehicle Type and Number: Volvo Truck & Trailer Truck 004

PRE-TRIP INSPECTION					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	General vehicle condition noted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	360-degree walk-around performed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking brake set / applied	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires evaluated
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lighting inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Horn and windshield wipers inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mirrors adjusted
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency equipment inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Insurance / licensing info inspected
PLACING VEHICLE IN OPERATION					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uses seat belt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Verifies passenger(s) is wearing seat belt
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Starts vehicle properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Observes traffic patterns
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not allow vehicle to roll while stopped	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drives with both hands on steering wheel
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steers smoothly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speed appropriate for conditions
BACKING AND PARKING					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gets out to look before backing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Avoids backing when possible
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uses mirrors properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not blind-side back
INTERSECTIONS					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Covers the brake with foot in intersections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Checks traffic in all directions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stops vehicle in proper location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not allow vehicle to roll when stopped
TURNING					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vehicle is in proper lane for turn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signals used in advance of turn
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Approaches turn at proper speed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Checks traffic conditions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Turns only when traffic is cleared	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Keeps vehicle in proper lane while turning
PASSING					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Determines that pass is safe and legal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Passes in safe location
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Checks ahead before passing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Uses turn signal appropriately
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Returns to lane safely	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does not exceed speed limit

YES / ☒ NO Cell phone used during this trip while driving?

YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date: _____

NOTES: _____

Evaluator Signature: [Signature]