



## CDL Driver Applicant Package

Our mission at McEntire Produce is to deliver safe, fresh and reliable produce to our customers. As the trucking company for McEntire Produce, R.C. McEntire Trucking is committed to deliver our product on time, on the customers dock, stacked to their specifications. Our drivers are on the front line of customer service, the way our drivers interact with each customers receiving dock is a direct reflection on our company.

If you are successful in being employed by McEntire Produce, our expectation will be for you to ALWAYS PUT SAFETY FIRST, too ALWAYS follow all County, State and Federal DOT Regulations while operating any R.C. McEntire Trucking Commercial Motor Vehicle, and to depart each of your assigned routes on time, to be courteous to all customer employees, and **to unload/down stack product to the customers' expectations when required.**

Our minimum requirements are:

- For the past three years - No serious violations
- For the past three years - No reckless driving
- No drug/alcohol related violations
- For the past three years - 3 or less non serious moving violations
- For the past three years - No at fault accidents
- No more than 3 points on MVR
- Over 25 years of age

Meeting these requirements does not indicate you have met all requirements, only that you've met the minimum.

***If you are an Entry Level CDL Driver, less than 1 year of driving experience, you MUST***

- a. ***Provide a Certificate of Training that meets the requirements outlined in FMCSA §380.513 from your training provider***

### **STEP 1: Included for you to complete are:**

1. R.C. McEntire Trucking CDL Driver Application
  - a. This application must be **fully completed**, we will contact you at the number provided
2. R.C. McEntire Employment History
  - a. For each employer all information must be provided to be considered
  - b. **MUST provide 10 years of past employment, even if not CDL required employment.**
3. Minimum Responsibility Acknowledgment
  - a. This is an acknowledgment of our minimum physical requirements
4. (3) **Safety Performance History Records Request**
  - a. DOT requires these to be completed and sent to all DOT covered employers you have worked for in the past 3 years
  - b. **You are required to FULLY complete and sign section 1. Not fully completing this section on all three sheets will delay your application review.**
5. DOT Clearinghouse
  - a. DOT Clearinghouse query authorization form MUST sign to be considered.
  - b. DOT Clearinghouse registration step process
6. Return certified 10 year MVR.

### **STEP 2:**

THESE ADDITIONAL ITEMS WILL BE REQUIRED TO BE TURNED IN AT INTERVIEW:

1. Copy of Current CDL
2. Copy of Current Medical Card



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### **R. C. McENTIRE TRUCKING, INC.** **2040 AMERICAN ITALIAN WAY, COLUMBIA, S. C. 29209**

NAME:

\_\_\_\_\_

(First)

(Middle)

(Last)

ADDRESS: \_\_\_\_\_ HOW LONG: \_\_\_\_\_

(Street)

(City)

(State/Zip)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ADDRESSES FOR PAST \_\_\_\_\_ HOW LONG: \_\_\_\_\_

(Street)

(City)

(State/Zip)

THREE YEARS \_\_\_\_\_ HOW LONG: \_\_\_\_\_

(Street)

(City)

(State/Zip)

PRIMARY CONTACT NUMBER (\_\_\_\_) \_\_\_\_\_

### **EXPERIENCE AND QUALIFICATIONS - DRIVER**

**DRIVER LICENSES**

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

**DRIVING EXPERIENCE**

CLASS OF EQUIP	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROXIMATE NO. OF MILES
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Other				

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



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### EMPLOYMENT HISTORY

McEntire Trucking needs a total of 10 year employment history. If you do not have a total of 10 years of employment history, put N/A on the following EMPLOYER box so that we are made aware of how many years you have been employed.

(NOTE: List employers in reverse order starting with the most recent.)

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 1	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 2	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 3	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 4	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO



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EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 5	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 6	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 7	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 8	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			



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PHONE NUMBER	SUPERVISOR			
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1. Safety History Request # 9	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

EMPLOYER			DATES		POSITION HELD
NAME			<u>FROM</u>	<u>TO</u>	REASON FOR LEAVING
ADDRESS			MO. /YR.	MO./YR	
CITY	STATE	ZIP			
PHONE NUMBER		SUPERVISOR			

1. Safety History Request # 10	
2. Did you operate any commercial motor vehicle?	Circle one of the following: YES NO
3. Were you subject to DOT Drug & Alcohol Testing?	Circle one of the following: YES NO

\*Includes vehicles having a GVWR of 26,001 lbs. or more; vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.



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

LOCATION	DATE	CHARGE	PENALTY

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

**(If you answered YES to either question, attach statement giving details.)**

**ACCIDENT RECORD (Attach additional sheet if needed.)**

	DATE	NATURE OF ACCIDENT (Head-On, Rear End, Upset, Etc.)	FATALITIES	INJURIES
Last Accident				
Next Previous				
Next Previous				

HAVE YOU EVER BEEN CONVICTED OF A CRIME OF THEFT OR DISHONESTY?                      • YES      • NO  
 HAVE YOU BEEN CONVICTED OF OR SERVED TIME FOR A FELONY IN THE LAST 10 YEARS?                      • YES      • NO  
 IF YES, PROVIDE DATE(S) AND NATURE OF CONVICTIONS. \_\_\_\_\_  
 A conviction record will not automatically disqualify job candidates. The nature of the crime and the conviction date will be considered.

EMERGENCY CONTACT NAME \_\_\_\_\_ TEL. # \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ TEL. # \_\_\_\_\_

**This certifies that I completed this application personally, and that all entries on it and information in it are true and complete to the best of my knowledge.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



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## Safety Performance History Records Request

### Section 1: To be completed by Applicant

I, \_\_\_\_\_ hereby authorize:  
 Print Name, First, M, Last

Verify Contact information prior to Submitting this Forms

Previous Employer: \_\_\_\_\_ DOT Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Dates of Employed: \_\_\_\_\_ to \_\_\_\_\_

To release and forward the information requested in Section 3 of this request concerning my Alcohol and Controlled Substances Testing records within previous 3 years from \_\_\_\_\_ (date of employment application).

The records will be released to:  
**R.C. McEntire Trucking, Inc.**  
**Attention: Pete Luna**  
**PO Box 5817**  
**Columbia, SC 29250**  
**Confidential email address: pete.luna@mcentireproduce.com**  
**Phone: 803- 744-2869 Confidential Fax: 803-254-2201**

*In compliance with §40.25(g) and §391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*This information is being requested in compliance with §40.25 and §391.23*

**Directions for Previous Employer: Please complete Sections 2 and 3, sign, and submit original to address noted above.**

### Section 2: To be completed by Previous Employer

The applicant named above was employed by us:  Yes  No

Employed as \_\_\_\_\_ from (month/yr) \_\_\_\_\_ to (month/yr) \_\_\_\_\_.

If the driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here:

- Did he/she drive a motor vehicle for the company?  Yes  No If Yes, what type:  Straight Truck  Tractor-Semitrailer  
 Bus  Cargo Tank  Doubles/Triples  Other (Specify): \_\_\_\_\_
- Reason for leaving the company:  Discharged  Resignation  Lay off/Reduction in Force  Military Duty

If there is no safety performance history to report, check here  and sign below.

**Accidents:** Complete the following for any accidents included on your accident register § 390.15(b) that involved the applicant in the last 3 years prior to the application date shown above, or check here if there is no register data for this driver.

Accident Date	Location	No. of Injuries	No. of Fatalities	HazMat Spill
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Any other comments:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Front**

### Section 3: To be completed by Previous Employer

#### DRUG AND ALCOHOL HISTORY

The driver was not subjected to Department of Transportation testing requirements while employed by this employer, please check here , fill in the date of employment from (month/yr) \_\_\_\_\_ to (month/yr) \_\_\_\_\_, complete bottom of section 3, sign and return.

Driver was subjected to Department of Transportation testing requirements from (month/yr) \_\_\_\_\_ to (month/yr) \_\_\_\_\_.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has the driver had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the driver tested positive or adulterated or substituted a test specimen for controlled substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the driver refused to submit to a post-accident, random, reasonable suspicion, or the follow-up alcohol or controlled substance test?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the driver committed other violations of Subpart B of Part 382, or Part 40?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If the driver has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.02 or greater, a verified positive drug test, or refuse to be tested?       | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any DOT drug or alcohol testing information obtained from previous employers in the previous 3 years prior to the application as shown in Section 1.

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ DOT Number \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### Section 4: Completed by R.C. McEntire Transportation

- 1<sup>st</sup> Attempt: This form was:  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_
- 2<sup>nd</sup> Attempt: This form was:  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_
- 3<sup>rd</sup> Attempt: This form was:  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_
- 4<sup>th</sup> Attempt: This form was:  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_





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Information received from previous employer:

Received from: \_\_\_\_\_

Date received: \_\_\_\_\_

Method:  Fax  Mail  Email  Other

Recorded by: \_\_\_\_\_

**Back**



# CDL Driver Applicant Package

## CDL Drivers Certification of Violations

CDL Driver (Print Name) \_\_\_\_\_

License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

### Driver's Certification

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

\_\_\_\_\_  
(Date of certification)

\_\_\_\_\_  
(Driver's signature)

RC McEntire Trucking  
2040 American Italian Way  
Columbia, SC 29209

Reviewed By \_\_\_\_\_

Date of Review \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_



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### Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by Consumer Credit Reporting act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. The reports are required by Section 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations,

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 Numbers of SS#



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### Drivers Certification of Past Positive Drug Test

As a prospective employer we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, “safety sensitive transportation work” (i.e. driving commercial motor vehicle) during the past three (3) years.

**Yes**, I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test, in the three (3) years preceding the date of this application.

**No**, I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the three (3) years preceding the date of this application.

DOT regulations **prohibit** you to perform a “Safety Sensitive Function” (i.e. driving a commercial motor vehicle) if you admit that you had a positive test, and/or refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulations.

*This certifies that I completed this addendum to the employment application, and that all information therein is true, accurate, and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.*

Drivers Name \_\_\_\_\_ Date \_\_\_\_\_



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### DOT Clearinghouse Authorization

To assure R.C. McEntire Trucking maintains compliance with DOT Regulation 382.701 Drug and Alcohol Clearinghouse standards. As a prospective employee we are required to run a DOT Clearinghouse query to determine if any information pertaining to you exist within the DOT Clearinghouse database.

Prior to running a query on you we must

- 1- Have your written or electronic consent to conduct a query
- 2- Have you grant us access to the Drug and Alcohol information identified in DOT regulation 382.703 (b)(1-7)

If you already have a Clearinghouse account log in and authorize RC McEntire Trucking access to your Drug and Alcohol information, if you do not follow the steps outlined in the attached handout (**Registration: CDL Drivers**) ATTACHED.

**By Signing below, I am granting RC McEntire Trucking authorization for pre-employment purposes to run a query and I grant access to any and all data as outlined in DOT Regulation 382.703(b)(1-7) that may be within the clearinghouse database.**

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**THIS IS NOT A CONTRACT OF EMPLOYMENT AND NOTHING HEREIN  
CREATES A CONTRACT OF EMPLOYMENT. AT ALL TIMES MY EMPLOYMENT  
REMAINS AT-WILL**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_