



2025 Application for Truck Drivers

Welcome,

The Federal Motor Carrier Safety Regulations require our Company to conduct a background check on your employment history and your drug and alcohol testing for the past three years.

In order to allow us to comply with these regulations, please fill out this application completely. This means that you provide the complete name, address, city, state, zip code and telephone number for your previous employers for the past three years, and provide us with an employment history for the past ten years.

In addition to filling out your application completely, we also require the following:

- Copy of your Commercial Drivers License
- Copy of Current Medical Card
- Copy of Social Security Card
- Copy of your DMV printout dated within the last 30 days.

***** Register for the Clearinghouse! *****

Effective January 6, 2020, you must register with the Commercial Driver's License Drug and Alcohol Clearinghouse. Our company is required to ask the Clearinghouse for information on your drug and alcohol testing history. Your electronic consent through the Clearinghouse is required for us to do so.

Visit <https://clearinghouse.fmcsa.dot.gov/> to register for the Clearinghouse



Applications not filled out completely may not be considered in our employment screening process

Thank you very much for considering employment with our firm.

APPLICATION FOR EMPLOYMENT

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

P.O. Box 207
Dixon, Ca 95620

(ANSWER ALL QUESTIONS COMPLETELY, PLEASE PRINT)

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, veteran status, or non-job related disability or any other projected group status. The Company does not condone and will not tolerate conduct by its employees or management that violates any anti-discrimination laws, and all appropriate action will be taken to enforce this policy.

Date of Application: _____

Position(s) Applied for: _____

Name _____ Social Security # _____
Last First Initial

Address _____
Street City State Zip

Phone Number _____ Cell Number _____ Email _____

Date of Birth _____

Do you have the legal right to work in the United States? _____

Are you now employed? _____ If not, how long since your last employment? _____

Have you worked for this company before? _____ Dates: From _____ To _____

Reason for leaving _____

Who referred you? _____ Rate of Pay Expected _____

Have you ever had a DUI, and has your driver's license ever been suspended, revoked, or denied and if so, explain _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish: _____

Accident Record for the past 5 years:

Date	(Head-on, Read-end, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years:

Date	Location	Violation	Penalty

Equipment Exp.	Dates	Approx miles
Tractor – Container		
Tractor - Double “A” Train		
Tractor – Double “B” Train		
Tractor – Flatbed 40-48’		
Tractor – Lowboy – Extra – Hvy.		
Tractor – Dry – Van		
Tractor – Refer – Van		
Tractor – Tanker/Pneumatic		
Tractor – End – Dump 30-40’		
Dump – Truck		
Tractor – Transfer		
Tractor – Belly Dump/Doubles		
Tractor – Log Truck		
Tractor – Auto – Transport		
Straight Truck		

How many years have you driven a commercial motor vehicle: _____

Have you ever pulled doubles: _____

List States operated in for the past 5 years: _____

Show special courses or training that will help you as a driver: _____

To be read and signed by applicant:

This certifies that I completed this application, 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 inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information 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.

Applicant’s Signature: _____

Date: _____

**Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.
Employment History**

All applicants must complete the following employment history for the past ten years. List employers starting with the most recent.

Company: _____	Phone: _____
Address: _____	City: _____ State: _____
Supervisor: _____	Dates From: _____ To: _____
Reason for leaving: _____	Wage/Salary: _____
Position Held: _____	States driven in: _____ Trailers Pulled: _____

Company: _____	Phone: _____
Address: _____	City: _____ State: _____
Supervisor: _____	Dates From: _____ To: _____
Reason for leaving: _____	Wage/Salary: _____
Position Held: _____	States drove in: _____ Trailers Pulled: _____

Company: _____	Phone: _____
Address: _____	City: _____ State: _____
Supervisor: _____	Dates From: _____ To: _____
Reason for leaving: _____	Wage/Salary: _____
Position Held: _____	States drove in: _____ Trailers Pulled: _____

Company: _____	Phone: _____
Address: _____	City: _____ State: _____
Supervisor: _____	Dates From: _____ To: _____
Reason for leaving: _____	Wage/Salary: _____
Position Held: _____	States drove in: _____ Trailers Pulled: _____

Company: _____	Phone: _____
Address: _____	City: _____ State: _____
Supervisor: _____	Dates From: _____ To: _____
Reason for leaving: _____	Wage/Salary: _____
Position Held: _____	States drove in: _____ Trailers Pulled: _____

If necessary, attach additional sheets or use the back of this one

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

P.O. Box 207

Dixon, Ca 95620

Tel: (707) 678-3018; Fax (707) 678-6071

Request For Previous Employment Information

To the Former Employer: FMCSR part 382.413 requires a motor carrier to obtain certain previous employment information. Therefore you are hereby authorized to release to this company any and all information regarding my duties, character, conduct, positive drug or alcohol test, or any refusals to submit to any drug and or alcohol test.

Applicant Print and Sign Name _____ X _____
PRINT SIGNATURE

Social Security Number: _____ Date: _____

APPLICANTS: COMPLETE THE ABOVE BOX ONLY. ↑ DO NOT WRITE BELOW THIS LINE

Previous Employer: _____ Phone: () _____

_____ Fax: () _____
(address)

has made application to this company as a commercial driver and states (s)he worked for your company

from _____ to _____. We appreciate your help in completing the information below.

1. Are the above dates of employment correct? Yes No Correct Dates: _____

2. Was the Employee: Full Time Part Time Seasonal

3. Type of Tractor Driven: Semi 2axle 3 axle COE Conv.

4. Type of Trailers Pulled: Van/Reefer Flat Doubles Tanks Length _____

5. States Driven in your Company? _____

6. Number of Accidents? _____ Preventable? _____ Job Related Injuries _____

7. Was the employee reliable/dependable? _____

8. Is this employee eligible for rehire? _____

9. Why did this employee separate from your company? _____

10. In the last THREE years did this employee ever refuse a DOT Drug of Alcohol Test? Yes No

11. In the last THREE years did this employee ever test positive on a DOT Drug Test? Yes No

12. In the last THREE years did this employee ever test positive on a DOT Alcohol Test (.04BAC)? Yes No

13. Did the employee have other violations of DOT drug and alcohol testing regulations? Yes No

14. Did a previous employer report a DOT drug and alcohol rule violation to you? Yes No

If you answer yes to any of the questions above, please include the name, address, and phone of the SAP to whom the employee was referred.

SAP _____

Signature/Title of the person responding

Phone

Date

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

Employee Drug and Alcohol Statement

Per 49 CFR 40.25; have you tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the previous three years?

Please circle one:

Yes

No

Print Name: _____

Date: _____

Signature: _____

Authorization for Physical Exam, Drug & Alcohol Testing

I understand and agree that in order to be employed by Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., or MC Transport Services, Inc. I may be required to take a physical exam as part of pre-employment or course of employment requirements.

I understand and agree to submit to all testing for illegal drugs and/or alcohol during pre-employment, including random, post-accident, reasonable suspicion, and return-to-duty/follow-up tests during the course of my employment. I also understand this is required by Federal and State regulations and Company Policy.

Print Name: _____

Date: _____

Signature: _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

**General Consent for Limited Queries
of the FMCSA Drug and Alcohol Clearinghouse**

I provide my consent to the above Companies to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted indicates that drug or alcohol violation information about me exists in the clearinghouse, FMCSA will not disclose that information to the Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the Company to conduct a limited query of the Clearinghouse, the Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is given for multiple limited queries to be conducted throughout the course of my employment until withdrawn by me in writing.

Name: _____

Signature: _____

Date: _____

Notice of Requirement to Register for the Clearinghouse

To be employed by the Company, you must register for the Clearinghouse at:
<https://clearinghouse.fmcsa.dot.gov/>

All positive drug and alcohol test results and return-to-duty records and test results are required to be reported to the Clearinghouse effective 1/6/20. Prospective employers are required to query the Clearinghouse to investigate your drug and alcohol testing background. Information in the Clearinghouse is also available to States, who must query the Clearinghouse for records on Commercial Driver License applicants.

The Company is required to query the Clearinghouse for information on your DOT drug and alcohol testing history. You must provide your electronic consent through the Clearinghouse to permit the Clearinghouse to respond to this query.

I understand that results of any positive drug or alcohol test, or any refusal to test, are required by law to be reported to the FMCSA Drug and Alcohol Clearinghouse, in addition to the reports and results arising from the return-to-duty process, if applicable.

I understand that I must register for the Clearinghouse in order to complete the pre-employment screening process.

Name: _____ **Signature:** _____

Date: _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

**Notice to Applicants
and
Applicant's Consent**

The Consumer Credit Reporting Act of 1996 requires that applicants be notified that a safety and employment background check will be made by Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc, and MC Transport Services, Inc.. in its consideration of your application for employment. Two types of background check will be made:

1. The federal Motor Carrier Safety Regulations require that we contact your previous employers for the past two years to inquire as to your participation in alcohol and controlled substance testing and the results of any tests administered or refusals to submit to testing. The Regulations also require that we verify employment with your previous employers for the past three years.
2. The State of California requires motor carriers to enroll in the Pull Notice program all employees requiring a Class A Commercial Drivers License (CVC Section 1808.1). Upon enrollment, the California Department of Motor Vehicles will forward to the motor carrier a copy of the driver's current public driving record. This record includes the following information:
 - Convictions for traffic violations in California and other states.
 - Failures to Appear
 - Expiration dates of License and Medical Card
 - Endorsements held
 - Accidents
 - Driver's license suspensions
 - Driver's license revocations
 - Other actions taken against driving privilege or certificate

Updated reports are forwarded to the motor carrier every 6 months or as changes in status of license or driving record require. Therefore, your continuing employment may be affected by the contents of this report.

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. These reports are required by Section 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Consent

I give consent and acknowledge that my previous employers will be contacted to verify my employment and drug and alcohol testing histories. I also understand I will be enrolled in the California Pull Notice program, and that a copy of my driving record will be forwarded to the Company.

I understand that information provided by my previous employers and/or my pull notice may effect my employment with the Company.

I understand that I have the right to inspect reports of my previous employers and/or pull notice form at a time mutually convenient with the Company.

Signature _____

Date _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

Drivers Off-Duty Authorization

This is your written authorization to log “off-duty” during meal stops, rest periods or during periods while waiting for dispatch under the following conditions:

- 1) You are relieved of all duty and responsibility by your motor carrier for the care and custody of the vehicle.
- 2) Meal/rest periods shall not be less than a suggested period of time.
- 3) Driver must be at liberty to pursue activities of his/her own choosing.
- 4) Your tractor/trailer is legally parked and locked (Company requirement).

Signature

Date

In Case of an Emergency Notification Information

Please provide the information below for an individual that you would like to be notified in the case of an emergency that you were involved in.

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Mobile or Work Phone Number: _____

Your name: _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

Driver's Log for Previous Seven Days

DOT regulations require us to obtain a signed statement from you giving the total time on duty during the preceding seven days, and the time at which you were last relieved from duty prior to beginning work with us.

Please record your hours worked for the seven days prior to starting work with our company:

Day	1	2	3	4	5	6	7	Total
Date								-----
Hours Worked								

I certify that that the above information is correct to the best of my knowledge and belief, and that I was last relieved of work at:

_____ on _____
Time Day Month Year

Name: _____

Signature: _____

Date: _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

**Driver's Certification of Non-Motor
Carrier Compensated Work**

Notice to Drivers:

In accordance with Section 395.2 of the Federal Motor Carrier Safety Regulations, Title 49 of the Code of Federal Regulations, as amended in a Final Rule issued on October 23, 1987 (53 Fed, Reg, 41718), carrier and drivers are to include as "on duty time" any time a driver spends "Performing any compensated work for any non-motor carrier entity."

Driver's Certification of Non-Motor Carrier Compensated Work

I hereby certify that I have read the foregoing "Notice to Drivers" and understand that any time I spend performing any compensated work for a non-motor carrier entity must be included as "on-duty time" under the federal hours-of-service regulations. I also understand that any work that I may perform for any motor carrier other than Mike Lowrie Trucking/Transport, Inc. must be recorded as "on-duty time" on logs that I submit to Mike Lowrie Trucking/Transport, Inc.

I further certify that (please check one box below):

Currently **I AM NOT PERFORMING** any compensated work for any non-motor carrier entity. In the event that I do perform work for any non-motor carrier entity for which I have been or will be compensated, that I will immediately notify Mike Lowrie Trucking/Transport, Inc. that such work has been or will be performed and will provide details on the nature of the work.

Currently **I AM PERFORMING** work for a non-motor carrier entity for which I am being or will be compensated and have or will provide details about the nature of that work to Mike Lowrie Trucking/Transport, Inc.

Name _____

Signature _____

Date _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

Acknowledgement of Employee Handbook

I understand and agree that it is my responsibility to read, familiarize myself with, and adhere to the policies and procedures contained in the Company's Employee Handbook. The Company's Employee Handbook is available for review in the office.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by the Company. The Company reserves the right to change my hours, wages, position, and/or working conditions at any time. I understand and agree, that other than the President of the Company, no manager, supervisor or representative of the Company has authority to enter into any agreement, expressed or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the President of the Company has the authority to make any such agreement and then only in writing signed by the President.

I agree to submit all claims arising out of my employment with the Company to a neutral arbitrator as outlined in Chapter 6. This means that a neutral arbitrator, rather than a court or jury will decide disputed. As such I am waiving my right to a court or jury trial, I agree that any arbitration will be conducted in accordance with Mike Lowrie Trucking/Transport, Inc. Employee Handbook or the rules of American Arbitration.

I understand and agree that nothing in the Employee Handbook creates or is intended to create a promise or representation of continued employment and that employment with the Company is employment at-will, that may be terminated at the will of either the Company or myself. My signature below certifies that I have read and understand the foregoing agreement that at-will status is the sole and entire agreement between the Company and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understanding, and representations concerning my employment with the Company.

Name (Printed): _____

Date: _____

Signature: _____

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

Medical Release

I _____

Driver Name

Release all medical information in the possession of:

Doctor or medical facility

Address

City

State

Zip

To: Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.
P.O. Box 207
Dixon, Ca 95620

For use in determining my qualifications for employment as a Class A Truck Driver.

This authorization remains in force as long as my application for employment is under consideration, or, if employed, as long as I remain an employee of the Company.

The person making the authorization is entitled to a copy of this release.

Signature

Print

Address

City, State, Zip

Date

Copy for doctor or medical facility and a copy for employee file.
(Medical release in conformance with Division 1, Part 2.6, Chapter2, Section 56.10 of the California Civil Code.)

Mike Lowrie Trucking, Inc., Mike Lowrie Transport, Inc., MC Transport Services, Inc.

Record/Certification of Road Test

TO BE FILLED OUT BY EXAMINER

Driver's Name _____

Date _____

Social Security Number _____

California Drivers License Number _____

Item	Satisfactory	Unsatisfactory
Pre-trip Inspection	_____	_____
Placing vehicle in motion/ use of controls	_____	_____
Coupling and Uncoupling	_____	_____
Backing and Parking	_____	_____
Slowing and Stopping	_____	_____
Passing and Turning	_____	_____
Operating in Traffic	_____	_____

Driver listed above can safely operate the below named vehicles/equipment:

Tractor & Trailer _____ Double & Triples _____

This is to certify that the above-named driver was given a road test under my supervision on the above date stated. The above driver possesses sufficient driving skills to operate Company equipment.

Signature of Examiner _____