



## EMPLOYMENT AND DRIVER QUALIFICATION APPLICATION

5505 List Dr., Colorado Springs, CO 80919  
719-639-7982 | [payroll@paoniainc.com](mailto:payroll@paoniainc.com)

**Application must be completed in full or it will not be considered.**

Applicant Information					
First Name:		Middle Name:		Last Name:	
Phone:		Email:			
Date of Birth:		Social Security #:			
Date of Application:		Position applied for:			

Do you have legal right to work in the United States? ☐ Yes ☐ No

Additional Information							
How did you learn about Paonia, Inc.?							
Have you ever worked for Paonia, Inc.? If Yes, list dates of employment	<input type="checkbox"/> Yes <input type="checkbox"/> No						
What is your preferred income?	\$ _____ per hour/week/year						
Indicate the days and hours you are available	MON	TUE	WED	THU	FRI	SAT	SUN
Are their days you cannot work? If Yes, please list and explain why?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you available to work Overtime as needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to travel as needed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact					
Name:		Relationship:		Phone #:	

Previous 3 Years of Residency					
Attach additional sheet if more space is needed					
	Street	City	State	Zip Code	# of Years at Address
Current					
Mailing					
Previous					
Previous					

License Information				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
State	License #	Type / Class	Endorsements	Expiration Date

Previous License Held Licenses				

Driving Experience				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Date From:	Date To:	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

Accident History				
Attach additional sheet if more space is needed. <b>Check this box if none</b> <input type="checkbox"/>				
Dates (List most recent first)	Nature of Accident (Head-on, rear-end, upset, etc.)	# of Fatalities	# of Injuries	Chemical Spills (Y/N)

Traffic Convictions and forfeitures for the past 3 years (other than parking violations)			
Attach additional sheet if more space is needed. <b>Check this box if none</b> <input type="checkbox"/>			
Date Convicted (Month/Year)	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)

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

If yes, explain: \_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

**Employment History (10 Years)**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. **In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years).** Any gaps in employment in excess of one (1) month, must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary).

You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

**Current (Most Recent) Employer**

Name:					Phone:		
Address:							
Position:				From Mo/Yr		To Mo/Yr	
Reason for Leaving:							
Explain any gaps in employment (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Second (Most Recent) Employer**

Name:					Phone:		
Address:							
Position:				From Mo/Yr		To Mo/Yr	
Reason for Leaving:							
Explain any gaps in employment (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Third (Most Recent) Employer**

Name:					Phone:		
Address:							
Position:				From Mo/Yr		To Mo/Yr	
Reason for Leaving:							
Explain any gaps in employment (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?						<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Fourth (Most Recent) Employer**

Name:					Phone:		
Address:							
Position:		From Mo/Yr		To Mo/Yr			
Reason for Leaving:							
Explain any gaps in employment (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Fifth (Most Recent) Employer**

Name:					Phone:		
Address:							
Position:		From Mo/Yr		To Mo/Yr			
Reason for Leaving:							
Explain any gaps in employment (include month/year & reason)							
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?					<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Education**

School	Name & Location	Course of Study	Years Completed	Graduate		Details
				Y	N	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**Other Qualifications**

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**To be read and signed by applicant**

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries 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 also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

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. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature:		Date:	
Applicant Name (Printed):			

## Applicant Self-Identification Questionnaire

### INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

**Anti-Discrimination Notice.** It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below.

The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

### INVITATION TO SELF-IDENTIFY PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity?

Please mark the one box that describes the race/ethnicity category with which you primarily identify.

☐ Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Black or African American: a person having origins in any of the black racial groups of Africa.

☐ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.



## Annual MVR Authorization Form

By signing this release, I am authorizing the request of my Annual Motor Vehicle Record now, and at any point during my period of employment.

### AUTHORIZATION

Printed Full Legal Name: \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City State Zip

Other Names Used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

***\*\*This information will be used for purposes of identification only. Federal law prohibits discrimination in employment on the basis of age, gender, race, color, creed, religion or national origin.\*\****

**THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL**

### Certificate of Violations & Annual Review

Annually, each driver is required by the DOT (**Section 391.27**) to list all violations of motor traffic laws and ordinances (other than violations involving only parking) for which they have been convicted or forfeited bond or collateral during the past 12 months. **You must complete, date, and sign section 1.**

Driver Name: \_\_\_\_\_

I. **CERTIFICATE OF VIOLATIONS.** 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 twelve months.

If you have had no violations in the previous 12 months check here: ☐

Date	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 as a result of any violation required to be listed during the past twelve months.

Driver's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Paonia, Inc.**

Motor Carrier's Name

**5055 List Dr., Colorado Springs, CO 80919**

Motor Carrier's Address

Reviewer Signature \_\_\_\_\_

Title \_\_\_\_\_

### II. **ANNUAL REVIEW** and Evaluation of Driver's Record

In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with **Section 391.25** has been reviewed for the past twelve months

Action Taken: \_\_\_\_\_

**Paonia, Inc.**

Motor Carrier's Name

**5055 List Dr., Colorado Springs, CO 80919**

Motor Carrier's Address

Reviewer Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_





## **To be completed by CDL Driver Applicants Only**

### **Certificate of Training for Entry-Level Commercial Drivers**

The Department of Transportation (DOT) requires specific training for all new employees to ensure they know the basics of DOT compliance and safe driving.

The training curriculum includes specific safety training that covers:

- ✓ Driver qualification requirements (49 CFR 391)
- ✓ Driver wellness & Whistleblower protection (29 CFR 1978)
- ✓ Controlled Substance (Drug & Alcohol) Program (49 CFR 382)
- ✓ Hours of Service of drivers (49 CFR 395)

I have received, read, and understand the training materials on Entry Level Driver Training and the Drug and Alcohol Testing under the US Department of Transportation Regulations. This document will become part of my Driver Qualification File as required by the DOT

Driver Name: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

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

I certify that the above-named driver has completed the training requirements set forth in the Federal Motor Carrier Safety Regulations for entry-level driver training in accordance with 49 CFR 380.503.

Trainer Name: \_\_\_\_\_

Trainer Signature: \_\_\_\_\_

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



## To be completed by CDL Driver Applicants Only

### Hours of Service Record for First Time or Intermittent Drivers

Instructions: When using a driver for the first time or intermittently, a signed statement must be obtained, giving the total time on duty (driving and on duty) during the immediate preceding seven days and the time at which the driver was last relieved from duty prior to beginning work.

Name: \_\_\_\_\_  
First Middle Last

Day	Date	Total Time on Duty
1		
2		
3		
4		
5		
6		
7		
	Total	

I hereby certify that the information contained herein is true to the best of my knowledge and belief, and that my last period of release from duty was from.

\_\_\_\_\_ to \_\_\_\_\_  
Hour/Date Hour/Date

Driver Name (Printed): \_\_\_\_\_

Driver Signature: \_\_\_\_\_

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



**To be completed by CDL Driver Applicants Only**

**FMCSA Commercial Driver's License Drug and Alcohol  
Clearinghouse Consent Form**

I, \_\_\_\_\_, hereby provide consent to Paonia, Inc. or their designated C/TPA to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) at any time to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid throughout the duration of my employment.

I understand that if the limited query conducted by Paonia, Inc. or their designated C/TPA indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Paonia, Inc. or their designated C/TPA without first obtaining additional specific consent from me.

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

I also acknowledge that if any limited queries return adverse information, I must consent to a full query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse). Failure to consent to the full query, or rejection of consent within the FMCSA Clearinghouse within 24 hours will result in me being removed from performing safety sensitive functions and my employment/job position will be evaluated.

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Employee Signature

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Date