

# ***MOGA***

## **Driver Application**

### **Bakersfield**

**5800 State Road  
Bakersfield  
CA, 93308  
Tel: 661-599-1157  
Fax: 661-368-1457**

### **Santa Rosa**

**3809 Stony Point Road  
Santa Rosa  
CA, 95407  
Tel: 707-586-7955  
Fax: 707-586-7797**

### **Hesperia**

**17105 Darwin Ave  
Hesperia  
CA, 92345  
Tel: 760-948-0014  
Fax: 760-948-0006**

## **APPLICATION CHECKLIST**

Please make sure the following items are completed so we can process your application in a timely manner.

Please note, we cannot hire you as an employee until all items are completed.

- Completed Application (all documents signed and completed)
- Copy of Class-A Driver's License (must be current - no permits)
- Copy of Social Security Card
- Copy of your DMV Medical Card (front and back)
- Copy of Current DMV printout (must be within the previous 30 days)
- Copy of Milk License (if applicable)

We are willing to make copies in our office for any of the above items if you are not able to.

If you are sending your application by mail, you will need to attach a copy of all the documents listed above.

We appreciate your interest in our organization. In compliance with Federal and State equal employment opportunity laws; qualified applicants are considered for all positions without regard to: race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, no-job related disability or any other protected group status.

A clear understanding of your background and work history will help us evaluate your qualifications for employment.

## APPLICANT INFORMATION

Applicant Name	Previous Name(s)
Date of Birth (mmddyyyy)	Social Security No.
Home Phone No.	Cell Phone
Address	
City, State & Zip	

\* If you have resided at the above residence for less than three years; list below all residences for the past three years. Attach a separate sheet if necessary.

Previous Address
City, State & Zip

Previous Address
City, State & Zip

Previous Address
City, State & Zip

Circle all that apply:

Full Time   Part Time   Supplemental   Days   Evenings   Graveyard   Weekends   Regular Temp	
If hired, start date	Who referred you?
Are you currently employed? Y/N	Date of last employment
Are you related to any current employee? Y/N	Name

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale or create conflicts of interest.

\*\*\*You can leave below blank if you have attached your resume

## EMPLOYMENT HISTORY

List all present and past employment. Start with the most recent employer for the last 3 years, including any unemployment or self-employment periods and all commercial driving experience for the past 10 years.

Company Name, Address & Number		
Job Title & Description of Duties		
Start Date	End Date	Rate of Pay
Reason(s) for Leaving		

Company Name, Address & Number		
Job Title & Description of Duties		
Start Date	End Date	Rate of Pay
Reason(s) for Leaving		

Company Name, Address & Number		
Job Title & Description of Duties		
Start Date	End Date	Rate of Pay
Reason(s) for Leaving		

## DRIVER EXPERIENCE AND QUALIFICATIONS

State & License Number	
Type	Expiration Date

State & License Number	
Type	Expiration Date

State & License Number	
Type	Expiration Date

Driver License(s) held in past 3 years must be shown

Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Y/N**

Has any license, permit or privilege ever been suspended or revoked? **Y/N**

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? **Y/N**

Any traffic convictions & forfeitures in the last 3 years? **Y/N**

If “Yes” to the above 4 questions, please give details.

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Class of Equipment Write **Y/N**

Straight Truck	
Tractor and Semi-Trailer	
Tractor – Two Trailers	
Other	

Type of Equipment (Van, Tank, Flat, Dump, Refer, etc.)	
Dates from & To	Approx. Miles

Type of Equipment (Van, Tank, Flat, Dump, Refer, etc.)	
Dates from & To	Approx. Miles

Type of Equipment (Van, Tank, Flat, Dump, Refer, etc.)	
Dates from & To	Approx. Miles

## ACCIDENT RECORD

Write down all accidents for the last 3 years.

Date:
Description including Fatalities and Injuries

Date:
Description including Fatalities and Injuries

Date:
Description including Fatalities and Injuries

## PHYSICAL HISTORY

The Federal Motor Carrier Safety Regulations (49CFR391 Subpart E) requires that all driver applicants pass certain physical tests before they are hired to drive a motor vehicle.

Date of last Department of Transportation prescribed examination \_\_\_\_\_.

Please provide a copy.

## EEO/Affirmative Action/Veteran Disclosure Form

Moga is committed to EQUAL EMPLOYMENT OPPORTUNITY (EEO), AFFIRMATIVE ACTION and VETERAN EMPLOYMENT practices. We ask applicants VOLUNTARILY provide the following information to monitor compliance with various governmental requirements.

Check All the Apply:

<input type="checkbox"/>	MALE	<input type="checkbox"/>	WHITE
<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	AMERICAN INDIAN/ALASKAN NATIVE
<input type="checkbox"/>	ASIAN	<input type="checkbox"/>	NATIVE HAWAIIAN/PACIFIC ISLANDER
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN	<input type="checkbox"/>	TWO OR MORE RACES
<input type="checkbox"/>	HISPANIC OR LATINO	<input type="checkbox"/>	I choose not to provide info requested

<input type="checkbox"/>	VIETNAM ERA VETERAN	Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released with other than dishonorable discharge or because of a service connected disability.
<input type="checkbox"/>	SPECIAL DISABLED VETERAN	Entitled to disability compensation under laws administered by the Veteran's administration for a disability rated 30% or more or rated at 10-20% in the case of a veteran who has been determined under section 1506 of Title 38, USC to have a serious employment disability, or charged/released from active duty because of a service connected disability.
<input type="checkbox"/>	NEWLY SEPARATED VETERAN	Released or discharged from active duty within last one year period.

### EMERGENCY CONTACT INFO

Name	Relationship
Home Phone No.	Cell Phone
Address	
City, State & Zip	

Have you been employed by our organization before?	Y/N	Date(s)
Reason for leaving?		
Salary/Wage Expected?		

## USE OF PERSONAL PROTECTIVE EQUIPMENT

I the undersigned, understand and agree that as a condition of acceptance as a co-employee by Moga I am required to wear/use the following personal protective equipment supplied and/or required by the company.

COMPANY SUPPLIED VEST, UNIFORM (T-SHIRT), ID BADGE, CHLORINE TEST STRIPS, HARD HAT

APPLICANT SUPPLIED ICE CHEST, POCKET THERMOMETER (DAIRY PICKUPS), SMALL TOOL KIT, FULL PANTS OR JEANS, WORK BOOTS (NO SPORTS SHOES), RAIN GEAR, SEALABLE BAG FOR EMPTY SAMPLE BOTTLES

I agree to inform my supervisor with the Company immediately upon the failure or any of the above listed equipment so the same can be repaired or replaced.

Applicant

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



## **ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons with applying for a driving position requiring a commercial driver's license to answer the following questions:

Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for. **Y/N**

Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you perform safety-sensitive transportation work? **Y/N**

If you answered yes to either of the above questions, please provide proof that you have completed the DOT return to duty requirements.

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the testing policy. If I did not understand the policy, I have asked for and have received an explanation. I specifically understand that my eligibility for benefits may be forfeited or reduced if I am injured on the job and either refuse to be tested or test positive for drugs or alcohol.

All co-employees are prohibited from manufacturing, cultivating, distributing, dispensing, possessing or using illegal drugs or other unauthorized or mind altering or intoxicating substances while on Company property (including parking areas and grounds), or while otherwise performing their work duties away from Company property. Included within this prohibition are lawful controlled substances, which have been illegal or improperly obtained. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken accordance with the prescription.

Moga is in agreement with the Federal Government that marijuana is a controlled substance and will not recognize medical marijuana as a legitimate prescription. A positive result for marijuana will be treated the same as any other positive test result, even is an employee has a medical marijuana prescription.

All employees are prohibited from distributing, dispensing, possessing or using alcohol while at work or on duty. Furthermore, off duty alcohol use, while generally not prohibited by this policy, must not interfere with an employee's ability to perform the essential functions of his/her job.

Employees may be required to submit to drug/alcohol screening whenever there is a reasonable suspicion that they have violated any of the rules set forth on this policy. Reasonable suspicion may arise from, among other factors, supervisory observation, co-worker reports, performance decline, attendance or behavioral changes, results of drug searches or involvement in a work related injury or accident. Additionally, co employees in safety sensitive positions may be tested on a random or periodic basis.

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

## **TIME/LOG SHEETS**

It is mandatory for all drivers to record time and loads on Timesheets or Log Books depending on Local or Line work.

You are to also record 30 mins for lunch and 10 mins for breaks as "Off Duty" on the document. At those shipping and receiving facilities that have break areas and where drivers are not required to attend the transport vehicles while loading and unloading, drivers shall record the time as "Off Duty". During the "Off Duty" time, drivers are relieved from duty, including all care and custody of the vehicle and cargo.

Drivers are at liberty to pursue any activity when the locked company vehicle is safely and legally parked. If any period of "Off Duty" time exceeds 1/1/2 hours, please call dispatch. You are required to take 10-minute rest periods per 4 hours worked or major fraction thereof. A rest period is not authorized for those employees whose daily work time is less than 3 ½ hours. After a work period of not more than 5 hours employees are to take a meal period of no less than 30 minutes, except that when a work period of not more than 6 hours will complete the day's work the meal period may be waived by mutual consent of the employer and employee, please get a waiver form from the office.

If you cannot be relieved of all duty when you need to take your meal break it will be considered as "On Duty" and counted as time worked. If you are "On Duty" during your meal period, please get an "On Duty" agreement form from the office.

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

## **APPLICANT AGREEMENT**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and other persons named herein from all liability for any damages on account of his furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, personal reputation, personal characteristics and mode of living. These reports are required by sections 382.413.391.23 & 391.25 of the Federal Motor Carrier Safety Regulations.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. If hired, I agree to abide by all the rules and policies of the employer.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's president.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I also agree to comply with any drug testing policy, which Moga may adopt, and I specifically agree to post accident drug testing to the full extent permitted by law. I acknowledge that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position, to Moga Transport, including but not limited to harassment based on race, sex, sexual orientation, pregnancy, age, religion, national origin, ancestry, mental or physical handicap, disability or marital status.

It is agreed and understood that if qualified and hired, I will be on a 90-day probationary period during which time I may be disqualified without recourse.

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

FOR OFFICE USE

## PROCESS RECORD

Applicant Hired \_\_\_\_\_ Date Employed \_\_\_\_\_ Point  
Employed \_\_\_\_\_

Employee ID \_\_\_\_\_ Pay Method (Hourly/Mile/Piecework)  
\_\_\_\_\_

Employment Type (F/T, P/T, Variable, Seasonable)  
\_\_\_\_\_

Applicant  
Rejected \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_  
\_\_\_\_\_

Interviewing  
Officer \_\_\_\_\_

## TERMINATION RECORD

Date Terminated \_\_\_\_\_ Dismissed \_\_\_\_\_ Voluntary  
Quit \_\_\_\_\_ Other \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_ Interviewing  
Officer \_\_\_\_\_

Termination Report Placed in File \_\_\_\_\_  
Supervisor \_\_\_\_\_

### Checklist before Hire:

	Date Received	Pending	Not Received	Completed	Notes
Application					
Class A License					
Milk License					
Social Security Card					
DMV Medical Card					
DMV Printout					
Insurance Check					
WMC Check					
Previous Employer Check					
Drug Test					
Road Test					

### Checklist After Hire:

	Date Sent	Date Received	Not Received	Completed	Notes
Add to Pull Notice					
Create Folders					
Enter in Software					
Enter in QuickBooks					
Employee Handbook					
Take pic for ID					
Uniform					
Training					
All Company Contact Info					
Send info to Payroll					

**USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION**

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**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

\* Employee Printed or Typed Name: \_\_\_\_\_

\* Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

\* Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B. Previous Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:**

**II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~**

- |   |                    |
|---|--------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                       | YES _____ NO _____ |
| 2. Did the employee have verified positive drug tests?  | YES _____ NO _____ |
| 3. Did the employee refuse to be tested?  | YES _____ NO _____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES _____ NO _____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                   | YES _____ NO _____ |

6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

# Payroll Election Form



Worksite Employer Moga Date \_\_\_\_\_   
 Employee Name (print) \_\_\_\_\_ Email \_\_\_\_\_   
 Employee Signature: \_\_\_\_\_ Social Security # \_\_\_\_\_

### New Enrollment

#### Enroll in Direct Deposit to a Bank Account:

Please complete the section above and attach a voided check, or a copy of a voided check, or a printed confirmation of the ABA Transit Routing Number and your Account Number as it should appear in BBSI's payroll database

#### Deposit \$ \_\_\_\_\_ on each pay date

(Enter "Net" if electing to deposit all net pay into this account)

Name of Financial Institution: \_\_\_\_\_

ABA Transit Routing Number AND Account Number \_\_\_\_\_

Checking  Savings Account

#### Deposit my remaining (if any) net pay to:

ABA Transit Routing Number AND Account Number \_\_\_\_\_

Checking  Savings Account

#### Enroll in Direct Deposit to a Visa Payroll Card:

Please complete the section above and attach a voided check, or a copy of a voided check, or a printed confirmation of the ABA Transit Routing Number and your Account Number as it should appear in BBSI's payroll database

#### Deposit \$ \_\_\_\_\_ on each pay date (Enter "net" if electing to deposit all net pay)

By checking this box, you are choosing to have your pay direct deposited on a Visa payroll card and agree to the following:

Consent to Payroll Card Account: I hereby designate MetaBank™ as my financial institution to accept the direct deposit of my wages from my employer into an account at MetaBank. I choose to receive a payroll card in my name issued by MetaBank for the purpose of accessing my wages from my Payroll Card account. I acknowledge that third parties other than MetaBank may impose fees and charges in connection with the use of the Payroll Card; however, I understand that I may choose one of several transactions each pay period, which are outlined in the Cardholder Terms and Conditions, by which I can withdraw my entire net pay without the payment of a fee. I declare the foregoing to be true and complete to the best of my knowledge. I authorize Company to deposit my wages each payday directly into my Payroll Card account. This authority remains in effect until I have given written notice by writing to BBSI, Payroll Administrator that I want it terminated. If funds to which I am not entitled are deposited into my Card Account, I authorize BBSI to direct MetaBank to return said funds. I also understand that it is my responsibility to verify deposits prior to any transactions against the Card balance.

### Change Enrollment

#### Change in Direct Deposit:

For any changes to original enrollment, please check this box and make the changes in the spaces provided above. A voided check, copy of a voided check or a printed confirmation of the ABA Transit Routing Number and your account number must be attached if you change financial institutions.

### Cancel Enrollment

#### Cancel Direct Deposit Option:

Please indicate effective Date of Cancellation: \_\_\_\_\_

If you do not wish to participate in Direct Deposit please contact your BBSI representative for instructions.

I hereby authorize BBSI and the financial institution listed above to initiate entries into the account number listed on this Agreement. In the event that the financial institution is notified by BBSI that funds to which the employee is not entitled to have been deposited in error to the above listed account, I authorize the financial institution to return such funds to BBSI.

Please note: To ensure prompt and accurate processing of enrollment/change request, forward all employee applications including a voided check (no deposit slips) to BBSI as soon as completed. This agreement may only be terminated as outlined in the CANCEL DIRECT DEPOSIT option listed above. Direct Deposits will typically be effective within 14 days from the date this form is received by BBSI.

If you do not choose one of the direct deposit options above, and you do not complete the Direct Deposit Opt Out form on the reverse, you will automatically receive a Visa payroll card.

**\*\* Direct Deposit into a Bank Account will not be entered without one of the below items. (Not applicable for Visa Payroll Card.)**

**ATTACH**  
**Voided Check OR Bank Printout of Account and ABA Routing Number\*\***  
**No Deposit Slips**

The PaychekPLUS! Elite Visa Payroll Card is issued by MetaBank™ pursuant to a license from Visa U.S.A. Inc.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Payroll Election Form Rev 092017

clear form

**DO NOT COPY**