



AMERICAN FOOD DISTRIBUTOR

# DRIVER APPLICATION

(727) 848-1010

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

### Residence Past 3 Years

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

### Experience and Qualifications—Driver (MAKE A PHOTO COPY OF THE DRIVERS LICENSE)

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B	ENDORSEMENTS

### Driving Experience

EQUIPMENT CLASS	TYPE OF EQUIPMENT	DATE FROM:	DATE TO:	APPROX # MILES
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

## Accidents/Crashes for the past 3 years

Nature of Accident (Backing, Head-on, Rollover, Turning)

\_\_\_\_\_

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Nature of Accident (Backing, Head-on, Rollover, Turning)

\_\_\_\_\_

Date \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

## Moving Traffic Convictions and Forfeitures for the past 3 years

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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Has any license, permit or privilege ever been revoked: Yes  No

If yes attach statement giving details. \_\_\_\_\_

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such testing? Yes  No

Have you ever been convicted of a Felony? Yes  No  (This will not necessarily affect the application)

If yes, please describe conditions. \_\_\_\_\_

## Driver Application Addendum Residence

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

**Employment History**

**(Start with most recent employer)**

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## **COMMERICAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS**

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_  
Position held \_\_\_\_\_ CDL?  From \_\_\_\_\_ To \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### **Please Read Before Signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



**AMERICAN**  
Food Distributors

## **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 the 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 Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

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Print Applicant's Name

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Social Security Number



**AMERICAN FOOD DISTRIBUTORS**

**8402 LEMON ROAD**

**PORT RICHEY, FL 34668**

**(727) 848-1010**

**(727) 848-5958 FAX**

**AUTHORIZATION TO CHECK DRIVER'S LICENSE MOTOR VEHICLE RECORDS**

I authorize American Food Distributors to check my drivers' license and motor vehicle records prior to hire as well as randomly at any schedule the company sets. I fully understand that the information obtained is for the company's use in making hiring and continued employment decisions.

\_\_\_\_\_  
**DRIVERS SIGNATURE**

\_\_\_\_\_  
**COMPANY WITNESS SIGNATURE**

\_\_\_\_\_  
**PRINT DRIVERS NAME**

\_\_\_\_\_  
**PRINT WITNESS NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DRIVERS LICENSE NUMBER**

\_\_\_\_\_  
**STATE ISSUED**

## DRIVER INFORMATION:

- What is expected of an American Foods Driver...

Be Safe

Be on time

Be courteous

Be mistake free

KEEP NEXTELS CHARGED AND WITH YOU AT ALL TIMES!

- Start of route...

Start on time

Check your paperwork make sure you have the correct paperwork for your route, make sure you have all keys for key drops, note all COD customers.

Do a complete pre-trip of your tractor and trailer and turn per-trip form in before you leave yard. Inspect the product in your trailer put load locks up if not up already. Check your first stop make sure the first stop matches the green bars first stop if it doesn't check with the night manager.

Log onto computer and inform base if you are logged on and if you have the correct manifest.

- While out making deliveries...

Completely fill in all information on green bar and driver's log, this includes starting mileage and time, arrival and departure time at all stops, cash and checks collected from customer, returns, shortages, tomato temperatures. All bread, lettuce and tomato temperatures must be noted on all Subway invoices.

Use proper delivery techniques, bring like product in all at the same time, stack heavy product on bottom of cart working up to light product.

Deliver all stops in sequence the way they are set up on your truck. If you need to skip a stop for any reason you must get it authorized by the base first.

Returns and shortages must be noted on customers invoice and on driver's log. You must call the base to get an authorization number before you make the changes on an invoice for any returns and shortages or any other changes.

When there is a pick up on the route there must be a pick up slip for that product or an authorization number. All products will be picked up determination of product will be assessed at the warehouse.

Communicate with base if any problems arise during your route.

- End of route...

Post trip must be completed before turning off computer.

Complete paper work, ending mileage and time.

Empty trailer of all pallets and any returned product.

Clean out truck, sweep out trailer. Take all trash out of the cab area.

Park your truck where the dock supervisor tells you to.

Do a complete post trip inspection of your tractor and trailer and turn in with your paper work.

Turn all paperwork into accounts receivable office.

- On call...

When scheduled to be on call you must be available until 7:00 AM the day you are scheduled.

There are no exceptions.

- Time and attendance...

American Foods Distributors Time and Attendance Policy.

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**PRINT NAME**

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**SIGNATURE**

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**DATE**