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## SELF IDENTIFICATION

Quercus has adopted an Affirmative Action Plan and the following information in this section is voluntary and allows us to meet government-reporting requirements and evaluate the effectiveness of our recruitment efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment in accordance with Quercus policies which forbids discrimination-based on this information.

### Ethnicity: (select one)

- Hispanic or Latino – *A person of Cuban, Mexican, Puerto Rican, or Central American, or other Spanish culture or origin, regardless of race.*
- Not Hispanic or Latino

### Race: (select one or more)

- American Indian or Alaskan 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.*
- 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.*
- Black or African American - *a person having origins in any of the Black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander - *a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- White - *a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Gender:       Male       Female

Disability: Do you have a disability?       Yes       No

## DRIVER EXPERIENCE AND QUALIFICATIONS

### ***\*Only Fill Out This Section For Positions Requiring A Drivers License\****

The Federal Motor Carrier Safety Regulations (49CFR391.21 (b)(2)) requires that driver applications state their date of birth and SS#.

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

## PHYSICAL HISTORY

### ***\*Only Fill Out This Section For Positions Requiring A Drivers License\****

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 \_\_\_\_\_. Can you provide a copy? *Y or N*

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? *Yes or No (circle one)*

**DRIVER'S LICENSE INFORMATION**

***\*Only Fill Out This Page For Positions Requiring A Drivers License\****

Driver Licenses held in past 3 years must be shown:

State	License Number	Type	Expiration Date
State	License Number	Type	Expiration Date
State	License Number	Type	Expiration Date

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

B. Has any license, permit or privilege ever been suspended or revoked? Y or N

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Y or N  
\*if you answered Yes to A, B, or C, attach a statement giving details.

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Truck, Flat, etc)	Dates		Approximate Miles
		From	To	
Single Unit Truck	_____	_____	_____	_____
Single Unit Truck + Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

List States operated in during the last five years: \_\_\_\_\_

**ACCIDENT HISTORY**

List Accidents for the past 3 years (attach a separate sheet of paper if more space is needed).

Date	Nature of Accident (head-on, rear-end, etc)	# Fatalities	# Injuries	# Vehicles Towed	Citation Issued?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**MOTOR VEHICLE DRIVING RECORD (MVR)**

List all Traffic Convictions and Forfeitures for the past 3 years other than parking violations.

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**EMPLOYMENT RECORD**

***\*Only Fill Out This Section For Positions Requiring A Drivers License\****

The Federal Motor Carrier Safety Regulations (49CFR391.21) (FMCSRs) require that all applicants wishing to drive a commercial vehicle list all employment for the last 3 years. Any gaps in employment must be explained.

Start with your last, or most current, position including any military experience, and work back (attach separate sheet if necessary). You are required to list the complete mailing address: street number, city, state, and zip code.

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

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Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Were you subject to the FMCSRs while employed here?       Yes       No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?       Yes       No

**1. Previous Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

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Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed here?       Yes       No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?       Yes       No

**2. Previous Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

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Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed here?       Yes       No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?       Yes       No

**3. Previous Employer:** \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

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Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed here?       Yes       No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?       Yes       No

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4. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From mo/yr: \_\_\_\_\_ To mo/yr \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Were you subject to the FMCSRs while employed here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was your job designated as a safety-sensitive function in any DOT- regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? \_\_\_\_\_ Yes \_\_\_\_\_ No

*(continue to last page to sign and date application)*

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**APPLICANT MUST READ AND SIGN**

**I certify that I have read and understand all of this employment application. It is agreed and understood that Quercus Land Stewardship Services, LLC or their agents may obtain my driving record from the Department of Transportation if applying for a position that requires a driver's license.**

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

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**DATE**

**APPLICANT'S SIGNATURE**

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**Drivers License Number (if applicable)**

**PRINT NAME CLEARLY**