

Driver Employment Application



4513 Parkhurst St
PO Box 646
Mira Loma, CA 91752

Date of Application: _____

Name _____
Last _____ First _____ Middle _____ Social Security No. _____

Present Address _____ Phone (_____) _____

City _____ State _____ ZIP _____

Previous Address(es) during last 3 years _____

Date of Birth _____

In case of emergency notify _____
Name _____ Phone _____

Address _____

Alternate Emergency Phone # _____ Name _____

Have you applied for work and/or worked for this company before? [] Yes [] No When? _____

Who referred you? _____

Do you have a current TWIC card? _____

LICENSE List all Drivers licenses held in the past five years (Note: A copy of your valid CDL must be attached for your application to be considered)				
State	License Number	Type	Endorsements	Expiration Date

States in which you have operated a CLASS-A motor vehicle in the past five years

List all States _____

DRIVING EXPERIENCE

Type of equipment: Semi, Hi-Mount, Stinger, etc.	From	Dates To	Approximate number of miles total

ACCIDENT RECORD If none write none.

List all involvement with truck and car including property damage for past five years, including preventable and non-preventable.

Date	type Vehicle	Nature of accident (Head on, rear end, upset, etc.)	Indicate preventable Or non-preventable	Fatalities	Injuries	\$ amount of Property damage

MOVING TRAFFIC CONVICTIONS List for past five (5) years. If none, write none.

Date	Location (State)	Charge	Penalty

Please read carefully

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle [] Yes [] No
 B. Has any license, permit or privilege been suspended or revoked? [] Yes [] No
 C. Have you ever been stopped while intoxicated? [] Yes [] No
 D. Have you ever used any illegal drugs (including marijuana)? [] Yes [] No If yes, whe was the last time? _____
 E. Have you ever been convicted for possession of, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? [] Yes [] No
 F. Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify you) [] Yes [] No
 G. Do you currently have any criminal actions pending in which you are a defendant? (A "yes" answer will not necessarily disqualify you) [] Yes [] No
 H. Are you currently on probation or parole status? (A "yes" will not necessarily disqualify you.) [] Yes [] No

If yes to any of the above questions, state circumstances and dates: _____

 _____**EDUCATION**

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3

List other specialty training or schools _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? [] Yes [] No Branch _____ Dates: From _____ To _____

Duties: _____

REFERENCES (Please list 2 people able to verify your employment and personal history; such as co-worker, neighbor, customer or an upstanding citizen of your community. Do not list relatives.)

1. Name _____ Relationship _____

Address _____ Phone # _____

2. Name _____ Relationship _____

Address _____ Phone # _____

EMPLOYMENT RECORD FOR PAST 10 YEARS

You must list all full and part-time employment including military service, self employment and periods of unemployment during preceding 10 years.

CURRENT OR MOST RECENT EMPLOYER

Mo Day Yr	Mo Day Yr	May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____	To _____	Name _____
Phone # _____		Address _____ Street _____ city _____ State _____ Zip code _____
Supervisor _____		
Type of equip. driven _____ _____		Position Held _____
		Reason for leaving _____

SECOND PRIOR EMPLOYER

Mo Day Yr	Mo Day Yr	May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____	To _____	Name _____
Phone # _____		Address _____ Street _____ city _____ State _____ Zip code _____
Supervisor _____		
Type of equip. driven _____ _____		Position Held _____
		Reason for leaving _____

THIRD PRIOR EMPLOYER

Mo Day Yr	Mo Day Yr	May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____	To _____	Name _____
Phone # _____		Address _____ Street _____ city _____ State _____ Zip code _____
Supervisor _____		
Type of equip. driven _____ _____		Position Held _____
		Reason for leaving _____

FOURTH PRIOR EMPLOYER

Mo Day Yr	Mo Day Yr	May we call? <input type="checkbox"/> Yes <input type="checkbox"/> No
From _____	To _____	Name _____
Phone # _____		Address _____ Street _____ city _____ State _____ Zip code _____
Supervisor _____		
Type of equip. driven _____ _____		Position Held _____
		Reason for leaving _____

Use separate sheet for additional employment history

ACKNOWLEDGEMENT & RELEASE

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a decision, and I further authorize you to use any or all of the information in this application in connection with such investigations or inquiries.

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.

I understand that false or misleading information given in my application or interview(s) may result in the cancellation of my Independent Contractors agreement. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature _____ Date _____