



Application for Employment

1630 Centinela Ave., #209, Inglewood, CA 90302

Driver Name: _____
(First) (Middle) (Last)

Address: _____ How Long? ____ Yr ____ Mo ____
(Street) (City) (State & Zip Code)

Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ - _____ - _____ Email: _____
(Previous address for past 3 years)

Address: _____ How Long? ____
(Street) (City) (State & Zip Code)

(Attach sheet if more space is needed to list addresses for the past 3 years)

EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER USED IN THE LAST 7 YEARS	STATE	LICENSE NO.	TYPE/CLASS & ENDORSEMENTS	LIC. EXP. DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES FROM	TO	APPROX. # MILES (TOTAL)
Truck				
Tractor				
Trailer Types				
Other Types				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE (violation)	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Do you have a Passenger Endorsement? YES___ NO___
 Do you have an Airbrake Endorsement? YES___ NO___
 Do you have a SPAB Certificate YES___ NO___
 Do you have a School Bus Certificate? YES___ NO___
 Do you have a Medical Examiner Certificate (DL51A) YES___ NO___
 Do you have an original DMV H6 print out, no later than 30 days old? YES___ NO___
 (If you answered no to H6, you will be required to submit one before being considered)

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 ever been suspended or revoked? YES___ NO___
 C. Have you ever been convicted of a crime other than a traffic violation? YES___ NO___
 D. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a Company to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. YES___ NO___

(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

IF YES, please explain and state the charge, the court, the date of conviction, and the disposition of the case:

EMPLOYMENT RECORD

NOTE: Regulations require that Employment or Contracted Work Record for at Least 3 Years and Commercial Driving Experience for the Past 10 Years To Be Shown.

Last Employer:

Name: _____
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER _____
 POSITION HELD _____ FROM _____ TO _____
 RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
 REASONS FOR LEAVING _____
 Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes___ No___

Second Last Employer:

Name: _____
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER _____
 POSITION HELD _____ FROM _____ TO _____
 RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
 REASONS FOR LEAVING _____
 Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes___ No___

Third Last Employer:

NAME _____
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER _____
 POSITION HELD _____ FROM _____ TO _____
 RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
 REASONS FOR LEAVING _____
 Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes___ No___

Fourth Last Employer:

NAME _____
 ADDRESS _____
 PHONE NUMBER _____ FAX NUMBER _____
 POSITION HELD _____ FROM _____ TO _____
 RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
 REASONS FOR LEAVING _____
 Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes___ No___

(ATTACH SHEET IF MORE SPACE IS NEEDED)

AT WILL EMPLOYMENT CLAUSE Employment contract provision indicating that employer or employee may terminate the employment relationship at any time with or without cause.

In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.

If you are hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. on and accompanying resume, if any, are

AUTHORIZATION I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on the background check. I authorize the company to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. I release the Company, any former employers and all references listed above from any and all claims demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "At Will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which shall remain confidential. I understand that my employment or continued employment, to the extent permitted by the law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

Date: _____

Printed Name: _____

Signature: _____