



101 N. Main St. #696
Templeton, CA 93465
Phone 805-238-5700
Fax 805-221-1690

DRIVER'S APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Last Name _____ First Name _____ MI. _____

Position(s) Applied for: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ (Required for Commercial Drivers)

Email: _____

Home Phone: _____ Cell Phone: _____

Recent Address: _____

Street City State Zip

How long have you lived at your current address? _____

Past 2 Years of Residency

Past Address: _____

Street City State Zip How Long?

Past Address: _____

Street City State Zip How Long?

Do you have the legal right to work in the United States? _____

Are you employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay Expected? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain briefly: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing, street number, city, state and zip code. Account for all periods between employment.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer			Date	
Name			To	From
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person		Phone	Reason for Leaving	

Employer			Date	
Name			To	From
Address			Position Held	
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Employer			Date	
Name			To	From
Address			Position Held	
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Contact Person		Phone	Reason for Leaving	

Accident record for past 3 years or more (attaché sheet if more space is needed) If non, write none.

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) If none, write non.

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

(Attach sheet if more space is needed)

Education

Highest Grade Completed _____

Last School Attended _____
(Name) (City)

Experience and Qualifications-Driver

Driver Licenses	State	License No.	Type	Expiration Date
	_____	_____	_____	_____
_____	_____	_____	_____	_____

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___

IF THE ANSEWR TO EITHER A OR BE IS YES, ATTACHE STATEMENT GIVING DETAILS

Driver Experience If none, write none.

Class of Equipment <small>(Check all that apply)</small>	Type of Equipment <small>(Van, Tank, Flat, Etc.)</small>	Dates		Approx. No. of Miles
		From	To	
Straight Truck_____	_____	_____	_____	_____
Tractor & Semi-Trailer____	_____	_____	_____	_____
Tractor –two trailers_____	_____	_____	_____	_____
Motor coach_____	_____	_____	_____	_____
School Bus_____	_____	_____	_____	_____
Other	_____	_____	_____	_____

List States operated in for last 5 Years _____

Special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Experience and Qualifications-Other

Show any trucking, transportation or other experience that may help you work for this company

List of courses and training other than shown elsewhere in this application.

List special Equipment or technical materials you can work with (other than those already shown)

To Be Read and Signed by Applicant

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 an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application.

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

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safe performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

I understand I will be required to successfully pas a pre-employment drug screening examination. I also understand that I will be entered into the Companies drug and alcohol testing program including pre-employment, post incident, and reasonable suspicion testing. I hereby consent to this pre-employment test and to any testing required for participation in this program. If my application is for a position that requires a Commercial Driver's License (CDL), I further understand that I will also be entered into the federally mandated drug and alcohol testing program that includes pre-employment, post incident, reasonable suspicion and random drug and alcohol testing. I hereby consent to this pre-employment test and any testing required for participation in this program.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

DATE

APPLICANT'S SIGNATURE