

Driver Employment Application



4513 Parkhurst St
 PO Box 646
 Mira Loma, CA 91752

Date of Application: _____

Name _____ Social Security No. _____
 Last First Middle

Present Address _____ Phone (____) _____

City _____ State _____ ZIP _____

Previous Address(es) during last 3 years _____

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.	Dates From 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

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.)

- Name _____ Relationship _____
 Address _____ Phone # _____
- 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? Yes No

From _____ To _____ Name _____

Phone # _____ Address _____
Street city State Zip code

Supervisor _____

Type of equip. driven _____ Position Held _____

Reason for leaving _____

Mo Day Yr Mo Day Yr

SECOND PRIOR EMPLOYER

May we call? [] Yes [] No

From _____ To _____

Name _____

Phone # _____

Address _____

Supervisor _____

Street city State Zip code

Type of equip. driven _____

Position Held _____

Reason for leaving _____

THIRD PRIOR EMPLOYER

Mo Day Yr Mo Day Yr

May we call? [] Yes [] No

From _____ To _____

Name _____

Phone # _____

Address _____

Supervisor _____

Street city State Zip code

Type of equip. driven _____

Position Held _____

Reason for leaving _____

FOURTH PRIOR EMPLOYER

Mo Day Yr Mo Day Yr

May we call? [] Yes [] No

From _____ To _____

Name _____

Phone # _____

Address _____

Supervisor _____

Street city State Zip code

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 _____