



SPECIALTY PRODUCTS

Delivering Value

A NON-SMOKING FACILITY

SANTA FE SPRINGS HOME OFFICE:

15415 Marquardt Avenue, Santa Fe Springs, CA 90670 · 800-352-3870 · 562-802-1786 fax

Table listing office locations: FRESNO, CA; SAN JOSE, CA; SAN MARCOS, CA; SACRAMENTO, CA; LAS VEGAS, NV; PORTLAND, OR; TEMPE, AZ; DALLAS, TX; HOUSTON, TX; SAN ANTONIO, TX; AUSTIN, TX; OKLAHOMA CITY, OK. Each entry includes address, phone, and fax numbers.

DRIVERS EMPLOYMENT APPLICATION

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, creed, color, age, sex, religion, natural origin, or other protected classification.

PERSONAL INFORMATION

Please PRINT clearly and use black or blue ink only.

Date _____

Name _____ Social Security# _____

Other names used in employment _____

Present Address _____

STREET

CITY

STATE

ZIP

Home Phone Number () _____ Cell Phone Number: () _____

Driver's License No. _____ State _____ Exp. Date _____

If hired, can you provide proof of age? _____

EMPLOYMENT DESIRED

Position _____ Salary desired _____

Date you are available _____

Are there any hours, shifts, or days you cannot or will not work? _____

How did you learn of this opening? _____

Please list all of your residences during the last 10 years. Begin with your current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collection of rent
		From Month/Year	To Month/Year	

• P R E V I O U S E M P L O Y M E N T •

FROM	<input type="text"/> /____/____	Name of Employer _____
TO	<input type="text"/> /____/____	Address _____ Telephone () _____
Position _____		Salary _____
Reason for leaving _____		
Name of Supervisor _____		May we contact? () Yes () No
Title _____		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FROM	<input type="text"/> /____/____	Name of Employer _____
TO	<input type="text"/> /____/____	Address _____ Telephone () _____
Position _____		Salary _____
Reason for leaving _____		
Name of Supervisor _____		May we contact? () Yes () No
Title _____		
Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FROM ____/____/____ Name of Employer _____
TO ____/____/____ Address _____ Telephone () _____
 Position _____ Salary _____
 Reason for leaving _____
 Name of Supervisor _____ May we contact? () Yes () No
 Title _____
 Were you subject to the FMCSRs while employed? 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 49CFR part 40? Yes No

• M O T O R V E H I C L E O P E R A T I O N •

Accident Record for past three years or more (Attach sheet if more space is needed). If none, write none.

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident / /				
Next Previous / /				
Next Previous / /				
Next Previous / /				

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

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

Experience and Qualifications - Driver

List all driver licenses or permits held in the past 3 years.

	State	License No.	Type	Expiration Date
Driver Licenses				

- 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. Current Medical Card up to date? Yes No

If the answer to either A or B is Yes, give details? _____

Driving Experience - check Yes or No

Class of Equipment	Circle Type of Equipment	Dates		Approx. no of miles (Total)
		From Month/Year	From Month/Year	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor - Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Tractor - Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Refer			
Motocoach - School Bus ^{More than 7 passangers} <input type="checkbox"/> Yes <input type="checkbox"/> No	-			
Motocoach - School Bus ^{More than 15 passangers} <input type="checkbox"/> Yes <input type="checkbox"/> No	-			
Other				

List states operated in the last five years: _____

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

• EDUCATION •

Circle Highest Grade Completed: 1 2 3 4 5 6 8 High School: 9 10 11 12

List the names and locations of Colleges or Business/Trade School attended (Include any related courses or training received)

	Location		Majors and Minors	No. of Units Earned	Sem. or Qtr.	Degree or Certificate Received
	City	State				

If a License or Certificate is required for this position, list those which you possess with dates of expiration.

License or Certificate

Date Issued _____ Date Expires _____

To be read and signed by applicant

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.

Date _____ Applicant's Signature _____