

APPLICATION FOR EMPLOYMENT

Company: Christofferson Transportation

Address: 12845 Magnolia Ave.

City: Riverside State: CA Zip: 92503

(Answer all questions - please print)

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: _____

Position(s) Applied for: _____

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

List your address of residency for the past 3 years.

Current Address: _____
Street City

State Zip Code Phone: _____ How Long? _____

Previous Address _____ How Long? _____
Street City State & Zip Code

Street City State & Zip Code How Long? _____

Street City State & Zip Code How Long? _____

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

Date of Birth: _____ Can you provide proof of age? _____
(Required for commercial Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ TO _____ Rate of Pay _____ Position _____

Reason for leaving: _____

Are you now 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 if you wish. _____

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 address, street number, city, state and zip code.

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:	FROM: TO: MO. YR. MO. YR.
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:

EMPLOYER	DATE
NAME:	FROM: TO: MO. YR. MO. YR.
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:

EMPLOYER	DATE
NAME:	FROM: TO: MO. YR. MO. YR.
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:

EMPLOYER	DATE
NAME:	FROM: TO: MO. YR. MO. YR.
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:

EMPLOYER	DATE
NAME:	FROM: TO: MO. YR. MO. YR.
ADDRESS:	POSITION HELD:
CITY: STATE: ZIP:	SALARY/WAGE:
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:

*Includes vehicles having a GVWR of 26001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR THE PAST 3 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
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME CITY

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPERATION 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 ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SIMI-TRAILER				
TRACTO-TWO TRAILERS				
MOTORCOACH-SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS: _____

SHOW 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 IN YOUR WORK FOR THIS COMPANY: _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE _____)

TO BE READ AND SIGNED BY APPLICANT

This certifies that this applicant 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 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 inquiries 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.

_____ Date

_____ A Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL AND TRAFFIC CONVICTIONS

SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

FROM: _____ TO: _____
 DATE: _____
 REASON FOR TRANSFER _____

REQUEST FOR EMPLOYMENT INFORMATION AND DRIVER DRUG & ALCOHOL TEST RESULTS

REGARDING: _____ S.S.# _____

You are hereby authorized to give to the above company all information regarding my services, character and conduct while in your employ, and are released from and liability which may result from giving such information. I hereby authorize you to release and forward all information on my Alcohol and Controlled Substance Testing/Training record in accordance with the Federal Motor Carrier Safety Regulations, parts 382, 405, & 382, 413.

SIGNATURE _____ DATE: _____

NAME OF CURRENT OR FORMER EMPLOYER _____

The following information is requested in accordance with the Federal Motor Carrier Regulations, Part 391.23

Employment dates claimed: _____ to _____ Actual: _____ to _____

Position: _____ Full time _____ Part time _____

Equipment operated: _____

	Excellent	Good	Average	Fair	Poor
General driving skills	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Logs/paperwork	_____	_____	_____	_____	_____
Customer relations	_____	_____	_____	_____	_____
Employee relations	_____	_____	_____	_____	_____

Was drivers license ever revoked or suspended? _____ Yes _____ No If yes, Why? _____

Number of accidents: _____ Preventable# _____ Non preventable# _____

Any disciplinary problems or violent tendencies? _____ Yes _____ No If yes please explain _____

Reason for leaving: _____ Eligible for hire? _____ Yes _____ No _____ Subject to review _____ No rehire policy

Has this individual ever tested positive for controlled substance within the past 2 years? _____ Yes _____ No _____ N/A

Has this individual ever had an alcohol test resulting in a breath alcohol concentration of 0.04 or greater within the past 2 years? _____ Yes _____ No _____ N/A

Has this individual refused a required test for drugs? _____ Yes _____ No _____ N/A

If yes to any of the above questions, please give the SAP (Substance Abuse Professional) name, address and phone number for further reference:

Name _____ Phone: _____ Address: _____

Signature _____ Title _____ Date _____

Authorized Person Releasing Information