APPLICATION FOR EMPLOYMENT

Company: Christofferson Transportation

Address: 12845 Magnolia Ave.

	City:	Riverside	State: _	CA	Zip:9	2503
		(Answer all qu	estions - please	print)		
	qualified ap	nce with Federal and oplicants are considerion, sex, national original orig	red for all pos	sitions wit	hout regard to ra or non job relat	ace,
Position(s) Applie	ed for:					
Name:						
Last		First	Middle		·	
ist your address	of residency for the	ne past 3 years.				
Current Address:_	Street				City	
	Silect		DI		City	
	State	Zip Code	Pnor	ıe:		How Long?
Previous						How Long?
Address	Street		City		State & Zip Cod	
	Street		City		State & Zip Cod	How Long?
	Silect		City		State & Zip Cou	
	Street		City		State & Zip Cod	How Long?
Oo you have the le	egal right to work	in the United States	?			
Date of Birth:	cial Drivers)	Can you pi	ovide proof o	of age?		
Have you worked	for this company	before?	Whe	re?		
						sition
					nplovment?	
Who refered you?						
4	• • •					
s tnere any reasor lescribed in the at	tached job descrip	able to perform the finition)?	unctions of th	e job for v	which you have	applied (as
f yes, explain if y	ou wish					
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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 intrastste or interstate commerce shall also provide an additional 7 years information on those employers for whome the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

		EMPLOYER		DATE		
			FROM:		TO:	
NAME:			MO. POSITION	YR.	MO.	YR.
ADDRESS:			I OSITION I	HEED.		
CITY:	STATE:	ZIP:	SALARY/W	AGE:		
C11 1.	SIAIL.	ZII .	REASON F	OR LEAVIN	IG:	
CONTACT PERSON:		PHONE NUMBER:				
		EMPLOYER		DATE		
		EWIFLOTEK	FROM:	DATE	TO:	
NAME:			MO.	YR.	MO.	YR.
			POSITION I	HELD:		
ADDRESS:			SALARY/W	/AGE:		
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CONTACT PERSON:		PHONE NUMBER:	REASON FO	OR LEAVIN	G:	
CC.TITICT I ERBOTT.		TIO. ID HOMBER.				

^{*}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.

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RACTOR & SIMI-TRAILER RACTO-TWO TRAILERS OTORCOACH-SCHOOL BUS	RACTOR & SIMI-TRAILER RACTO-TWO TRAILERS DTORCOACH-SCHOOL BUS THER IST STATES OPERATED IN FOR THE LAST FIVE YEARS:	. Has any license, peri FTHE ANSWER TO RIVING EXPERIEN	EITHER A OR B IS CE IF NONE, WRITE TYPE OF	en suspended or re YES, ATTACH S NONE TEQUIPMENT	voked? TATEMENT G	IVING DETAILS	YES NO APPROX NO. OF MILES
OTORCOACH-SCHOOL BUS	OTORCOACH-SCHOOL BUS THER IST STATES OPERATED IN FOR THE LAST FIVE YEARS:	. Has any license, perior THE ANSWER TO PRIVING EXPERIEN LASS OF EQUIPMEN	EITHER A OR B IS CE IF NONE, WRITE TYPE OF	en suspended or re YES, ATTACH S NONE TEQUIPMENT	voked? TATEMENT G	IVING DETAILS	YES NO APPROX NO. OF MILES
	IST STATES OPERATED IN FOR THE LAST FIVE YEARS:	. Has any license, perior THE ANSWER TO EXPERIENT LASS OF EQUIPMENT TRAIGHT TRUCK	EITHER A OR B IS CE IF NONE, WRITE TYPE OF	en suspended or re YES, ATTACH S NONE TEQUIPMENT	voked? TATEMENT G	IVING DETAILS	YES NO APPROX NO. OF MILES
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HOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:	HOW SPECIAL COURSES OF TRAINING THAT WILL HELD VOLLAG A DRIVER	B. Has any license, period of the Answer TO PRIVING EXPERIENT CLASS OF EQUIPMENT CLASS OF	EITHER A OR B IS CE IF NONE, WRITE TYPE OF (VAN, TAN)	en suspended or re YES, ATTACH S NONE CEQUIPMENT K, FLAT, ETC.)	voked? TATEMENT G DA	IVING DETAILS	YES NO APPROX NO. OF MILES

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRAITHIS COMPANY:				PERIENCE THAT M.	AY HELP I	N YOUR WORK FOR	
LIST COURSES AND TRAININ	G OTHER TH	AN SHOW	VN ELSI	EWHERE IN THIS AI	PPLICATIO	DN:	
LIST SPECIAL EQUIPMENT O	R TECHNICAI	L MATER	IALS Y	OU CAN WORK WIT	TH (OTHER	THAN THOSE	
	то ве	READ AN	ND SIG	NED BY APPLICAN	Ť		
This certifies that this applicant we complete to the best of my knowled authorize you to make such investory and other related matters as me regarding medical history will be I hereby release employers, school inquiries and releasing information In the event of employment, I undiview(s) my result in discharge. I Company.	edge. stigations and inarray be necessary made only if anals, health care particularly in iconnection was a stand that false	nquiries of in arriving d after a coproviders a with my appase or misle	my personal and other olication adding in	sonal, employment, fin mployment decision. (al offer of employment persons from all liabil formation given in my	ancial, or m Generally, i t has been eduction lity in respo application	edical hist- nquiries xtended.) nding to or inter-	
Date					A Applicant's S	Signature	
		PRO	CESS F	RECORD			
APPLICANT HIRED				REJECTED)		
DATE EMPLOYED				POINT EM	PLOYED_		
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1. APPLICATION 2. INTERVIEW 3. PAST EMPLOYMENT 4. WRITTEN EXAM 5. ROAD TEST 6. CRIMINAL AND TRAFFIC CONVICTIONS SIGNATURE O	SUPERIOR FINTERVIEWING	GOOD GOFFICER_		BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE	
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CHRISTOFFERSON TRANSPORTATION 12845 MAGNOLIA AVE. - Riverside, CA 92053 TEL. (951) 273-0652 - FAX (951) 340-0459

REQUEST FOR EMPLOYMENT INFORMATION AND DRIVER DRUG & ALCOHOL TEST RESULTS

REGARDING:		S.S.#		
while in your employ, and are release orize you to release and forward all in	he above company all information regard form and liability which may result information on my Alcohol and Contractions arts 382,	t from giving such information. rolled Substance Testing/Trainin	I hereby auth-	
SIGNATURE		DATE:		
NAME OF CURRENT OR FORI	MER EMPLOYER_ ************************************	*****	*****	*****
The following information is requ	nested in accordance with the Federal	eral Motor Carrier Regulation	ns, Part 391.23	
Employment dates claimed:	to	Actual:	to_	
Position:		Full time_	Par	time
Equipment operated:				
General driving skills Reliability Logs/paperwork Customer relations Employee relations	Excellent Good	Average	Fair	Poor
Was drivers license ever revoked	or suspended?Yes	No If yes, Why?		
Number of accidents:	Preventable#	Non prever	ntable#	
Any discipinary problems or viole	ent tendencies?YesN	No If yes please explain		_
Reason for leaving:	Eligible for hire?Yes	Subject to rev	riewNo rel	nire policy *******
Has this individual ever tested possubstance within the paste 2 years			Yes	NoN/A
Has this individual ever had an ale a breath alcohol concentration of the past 2 years?	<u> </u>		Yes	NoN/A
Has this individual refused a requilifyes to any of the above question phone number for further reference.	ns, please give the SAP (Substance	e Abuse Professional) name,	Yes address and	NoN/A
Name_	Phone:	Address:		
<u>ጥጥጥጥጥጥጥጥጥጥጥጥጥጥጥጥ</u>	F * * * * * * * * * * * * * * * * * * *	*********	*****	*****
Signature Authorized Person Re	Title eleasing Information		Date	