

## A NON-SMOKING FACILITY

### **SANTA FE SPRINGS HOME OFFICE:**

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

FRESNO, CA 2478 N. Sunnyside Ave.	SAN JOSE, CA 1155 Mabury Rd.	SAN MARCOS, CA 431 Daisy Lane	SACRAMENTO, CA 524 Galveston St.	LAS VEGAS, NV 3455 W. Lake Mead Blvd.	PORTLAND, OR 13010 NE David Circle
Fresno, CA 93727	San Jose, CA 95133	San Marcos, CA 92078	W. Sacramento, CA 95691	N. Las Vegas, NV 89032	Portland, OR 97230
800-827-4389	800-767-0719	800-237-5233	800-533-0816	866-472-3695	877-827-4381
Fax 559-291-2433	Fax 408-287-2004	Fax 760-471-3351	Fax 916-374-0900	Fax 702-638-8515	Fax 503-252-2782
TEMPE, AZ	DALLAS, TX	HOUSTON, TX	SAN ANTONIO, TX	AUSTIN, TX	OKLAHOMA CITY, OK
<b>TEMPE, AZ</b> 1059 West Geneva Dr.	<b>DALLAS, TX</b> 10539 Maybank Dr.	HOUSTON, TX 1225 N Post Oak Rd.	<b>SAN ANTONIO, TX</b> 5042 Service Center Dr.	<b>AUSTIN, TX</b> 404 W Powell Lane Ste 407	OKLAHOMA CITY, OK 220 NW 67th St.
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1059 West Geneva Dr.	10539 Maybank Dr.	1225 N Post Oak Rd.	5042 Service Center Dr.	404 W Powell Lane Ste 407	220 NW 67th St.
1059 West Geneva Dr. Tempe, AZ 85282	10539 Maybank Dr. Dallas, TX 75220	1225 N Post Oak Rd. Houston, TX 77055	5042 Service Center Dr. San Antonio, Tx 78218	404 W Powell Lane Ste 407 Austin, TX 78753	220 NW 67th St. Oklahoma City, OK 73116

# 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 Home Phone Number ( )	STATE ZIP  Cell Phone Number: ( )
Driver's License No	State Exp. Date
If hired, can you provide proof of age?	
• E M P L 0	DYMENT DESIRED •
Position	Salary desired
Date you are available	
Are there any hours, shifts, or days you c	annot 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   To   Month/Year   Month/Year		If rented, give name & address of the person responsible for the collection of rent	

FROM/	Name of Employer						
To/	Address						
Position				Salary			
Reason for leaving _							
Name of Supervisor				_ May we contact?	( ) Yes	(	) No
Title							
Were you subject to	the FMCSRs while employed?	☐ Yes	□ No				
, ,	ated as a safety-sensitive function rements of 49CFR part 40?	-	OT-reg □ No	ulated mode subject	to the drug	g and	1
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 design	ated as a safety-sensitive function	n in any D	OT-reg	ulated mode subject	to the drug	g and	ł
alcohol testing requi	rements of 49CFR part 40?	☐ Yes	□ No				

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<b>F</b> ROM/_	Name of Empl	loyer			
<b>To</b> /_	Address			Telephone (	)
Position					
				,	
Name of Superv	isor		May	we contact? (	) Yes ( ) No
Title					
Were you subjec	t to the FMCSRs wh	ile employed?	☐ Yes ☐ No		
Was your job des	signated as a safety-	sensitive function	in any DOT-regulated	mode subject to	the drug and
alcohol testing re	equirements of 49CF	R part 40?	☐ Yes ☐ No		
•	Моток	Veulo		ATION	•
Accident Record	for past three years	`	neet if more space is ne	eded). If none, w	
Dates	(He	Nature of Accident ead-on, Rear-end, Upset,	Etc.) Fatalities	Injuries	Hazardous Material Spill
Last Accident	/ /				
Next Previous	/ /				
Next Previous	/ /				
Next Previous	/ /				
Traffic Convictio	<b>ns</b> and forfeitures fo	or the past three y	ears (other than parkin	g violations). If r	none, write none.
I	Location	Date	Charge	Pen	alty
(Attach short of many					
(Attach sheet of more		701			
Experience and Q	space is needed) <b>Qualifications - Driv</b> nses or permits held		rs.		
Experience and Q	Qualifications - Driv		rs. License No.	Туре	Expiration Date
Experience and Q List all driver lice	Qualifications - Driv			Туре	Expiration Date
Experience and Q List all driver lice	Qualifications - Driv			Type	Expiration Date
Experience and Q List all driver lice	Qualifications - Driv			Туре	Expiration Date
Experience and Q List all driver lice	Qualifications - Driv			Туре	Expiration Date
Experience and Q List all driver lice Driver Licenses	Qualifications - Drivenses or permits held State	l in the past 3 year			
Experience and Q List all driver lice  Driver Licenses  A. Have you ever B. Has any license	State  been denied a license, permit or privilege	se, permit or priv	License No.	or vehicle? □ Yes	S O No
Driver Licenses  A. Have you ever B. Has any license C. Current Medic	State  State  been denied a license, permit or privilege al Card up to date?	se, permit or prive ever been suspe	License No.  ilege to operate a motonded or revoked?	or vehicle? □ Yes	S O No
Driver Licenses  A. Have you ever B. Has any license C. Current Medic	State  been denied a license, permit or privilege	se, permit or prive ever been suspe	License No.  ilege to operate a motonded or revoked?	or vehicle? □ Yes	S O No

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<b>Driving Experience</b> - check Yes	or No						
Class of Equipment		Circle Type of Equipment	From Month (Voor	tes From Month/Year	Approx. no of miles (Total)		
Straight Truck	□ Yes □ No	Van, Tank, Flat, Dump, Refer	Worthly Tear	Worth, Tear			
Tractor and Semi-Trailer	□ Yes □ No	Van, Tank, Flat, Dump, Refer					
Tractor - Two Trailers	□ Yes □ No	Van, Tank, Flat, Dump, Refer					
Tractor - Three Trailers	□ Yes □ No	Van, Tank, Flat, Dump, Refer					
Motocoach - School Bus More than passangers	<sup>7</sup> □ Yes □ No	-					
Motocoach - School Bus More than passangers	<sup>15</sup> ☐ Yes ☐ No	-					
Other							
List states operated in the last fi			.1 1		<b>\</b>		
List special equipment or techn	ical materials	you can work with (other th	an those al	ready show	n):		
	• E	DUCATION	•				
Circle Highest Grade Complete	d: 1 2 3	4 5 6 8 High School:	9 10 1	11 12			
List the names and locations of	Colleges or B	usiness/Trade School attend	led (Include an	y related course	s or training received)		
		Location	ajors and Mi	No. of Units	Sem. Degree or or Certificate		
		City State State		Earned	Qtr.   Received		
If a License or Certificate is req	uired for this	position, list those which yo	u possess w	vith 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 thre and complete to the best of my knowledge.							
Date Applicant's	Signature						

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