

Plant 1 9065 Norris Ave Sun Valley CA, 91352

Employment Application

12328 Gladstone Ave Suite 1 Sylmar CA 91342 (818) 855-6901

Applicant Information							
Full Name:				D.O.B			
	Last	First	t	M.I.			
Address:							
	Street Address			Apartment/Unit #			
	City			State ZIP Code			
Phone:			_ Eı	mail:			
Days Availa	ble:	;	Social :	Security No.:			
Position App	olying for:			Date Available to Start:			
Are you a ci	tizen of the United States?	YES	NO	YES NO If no, are you authorized to work in the U.S.?			
Have you ev	ver worked for this company?	YES	NO	If yes, when?			
How did you	ı hear about us?						
		Qı	uestio	naire			
Have you ev	ver been convicted of a felony?						
If yes, pleas	e provide details:						
Have you fa	ailed or refused a drug test in the	e past fi	ve yea	rs?			
If yes, pleas	se provide details:						
Has your lic	ense ever been suspended or re	voked?					
	e provide details:						
Have you ev	ver been bonded?		<u>-</u>				
If yes, pleas	e provide reasons and dates:						
Have you ev	er had a bond revoked for any r	eason?	(If yes,	explain)			

	Driving Informatio	n						
Have you attended any truck driving sch	ool? Yes No							
If yes, please provide name of school and	d dates attended:							
List all driver's licenses held in the past 5 years								
State	Licence Number	Date Surrendered						
_								
List all moving violations received in	the most recent 3 year period							
State	Type of Violation	Date of Violation						
List all accidents, regardless of sever	rity that you were involved in d	uring the most recent 3 years.						
Date of Occurence		Nature of Collision						
List any other certification or profess	ional licenses held:							

Employment History

Begin with the most recent employer. List all employment in past 3 years regardless of nature and all driving employment in the past 10 years.

If any job required you to comply with the Federal Motor Carrier Regulations (FMCSR), Please check the appropriate box.

Employer:		
Address:		
Phone:	Dates Employed: From:	То:
Manager Contact Information:		
Reason For Leaving:		
Did this position require complian	nce with FMCSR?	
Employer:		
Address:		
Phone:		То:
Manager Contact Information:		
Reason For Leaving:		
Did this position require compliar	nce with FMCSR?	
Employer:		
Address:		
Phone:	Dates Employed: From:	То:
Manager Contact Information:		
Reason For Leaving:		
Did this position require compliar	nce with FMCSR?	
Employer:		
Address:		
Phone:	Dates Employed: From:	То:
	Dates Employed. From.	10
Did this position require complian	with FMOODS	
LUIG THIS POSITION FEGULFS COMPLIAN	ice with FMCSK/	

Education								
High Scho	ol:	A	ddress:_					
From: _	To: Dic	d you gra	iduate?	YES	NO	Diploma:		
_		Disclai	mer an	d Sigr	nature	•		
I hereby certify that the above information is true and correct to the best of my knowledge.								
I understand that any falsified, misleading, or untrue statements will result in my not being granted a safety clearance. I also understand that if at any future date, any of the above information is deemed to have been false, that my safety clearance may be revoked at that time. By signing below, I grant permission for the Company that I am applying for to investigate my background and past employment.								
Signature:	-					Date:		
For Office Use Only								
	Date Interviewed			Intervi	ewer:			
	Background Check Completed:	YES [] NO [] Da	te:			
	Drug Test Completed:	YES [] NO □] Da	ate:			
	Physical Completed:	YES [] NO [] Da	te:			
	Road Test Completed:	YES [] NO [] Da	ite:			
	Criminal Record Check	YES [] NO [] Da	ate:			
	MVR Checked:	YES [] NO [] Da	te:			
	Driver Accepted As: Single □	Team 🗆] Traine	е □	Owne	er Operator 🗆		
	Date Accepted:							
	Comments:							