

CHAVEZ TRUCKING

955A Vaughn Road, Dixon, CA 95620
707 678-0514 dispatch/accounting, 5154 fax

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
Equal Opportunity Employer

DATE:	
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PERSONAL INFORMATION

NAME: _____		
(FIRST)	(MIDDLE)	(LAST)
ADDRESS: _____		
(STREET)	(CITY)	(STATE & ZIP CODE)
PHONE NO. HOME: _____	CELL: _____	
REFERRED BY: _____		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EXPERIENCE & QUALIFICATIONS -DRIVER

DRIVER LICENSES	STATE	LICENSE NO:	ENDORSEMENT TYPE (A,B,DOUBLES,TRIPLES, ECT.)	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(VAN,TRANSFER, BOTTOM DUMPS, ECT.)</small>	DATES		APPROX # OF MILES/HOURS
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR- TWO TRAILERS				
OTHER				

Application For Employment (CONTINUED)

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ECT.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONCIPTIONS AND FOREFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING TICKETS)

LOCATION	DATE	CHARGE	PENALTY

- A. HAVE YOU EVER BEEN DENIED A LICENCE, PERMIT, OR PRIVELGE TO OPERATE A MOTOR VEHICLE? YES NO
- B. HAS ANY LICENCE, PERMIT, OR PRIVELGE EVER BEEN SUSPENDED OR REVOKED? YES NO
- C. ARE YOU AWARE OF A MANDATORY ENROLLMENT IN RANDOM DRUG & ALCOHOL TESTING PROGRAM? YES NO
- D. ARE YOU PHYSICALLY ABLE TO PERFORM THE WORK REQUIRED OF THE DESIRED POSITION? YES NO
- E. ARE YOU AWARE OF THE SAFETY ITEMS THAT MUST BE WORN ONCE YOUR SHIFT HAS BEGUN? YES NO
- F. ARE YOU AWARE THAT PRE-TRIP INSPECTIONS AND DRIVER LOGS MUST BE PERFORMED DAILY? YES NO
- G. ARE THEIR ANY PHYSICAL, MENTAL, OR OTHER HEALTH CONDITIONS CHAVEZ TRUCKING SHOULD BE AWARE OF? YES NO
- IF THE ANSWER TO A, B, OR G IS YES, ATTATCH STATEMENT GIVING DETAILS?

EMPLOYMENT RECORD (EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS)

LAST EMPLOYER: NAME			
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			
SECOND LAST EMPLOYER: NAME			
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			
THIRD LAST EMPLOYER: NAME			
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

Application For Employment (CONTINUED)

EMERGENCY CONTACTS (GIVE BELOW THE NAME(S) OF PERSON(S) WHO SHOULD BE CONTACTED IN CASE OF AN EMERGENCY)

NAME	ADDRESS	PHONE NO(S)

TO BE READ AND SIGNED BY APPLICANT

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE

SIGNATURE OF APPLICANT