

Commercial Driver Employment Application

Company Applied for: Hansen and Adkins Auto Transport _____ Harbor Auto Transport _____

3611 Farquhar Ave Los Alamitos, CA 90720

Region Applied in: East _____ West _____

Terminal City Location: _____ State: _____

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

QUALIFIED APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS OR DISABILITY. COMPANY PERSONNEL ARE EMPLOYED ON AN "AT WILL" BASIS. EMPLOYEMNT "AT WILL" MEANS THAT THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME BY EITHER THE EMPLOYEE OR THE COMPANY.

Personal Information

Name: _____ *Date of Birth: _____/_____/_____
First MI Last *required by FMCSR 391.11

Current Address: _____ Social Security # _____
Number/street address Telephone: _____
City State Zip

Previous Address: _____ Cell Phone: _____
Number/street address optional
City State Zip E-mail Address _____ optional

Important: If at current address for less than three years, list all addresses for the previous three years, attach separate sheet if necessary

In case of emergency notify: _____
Name Address Phone

--Have you ever been known by another name? _____, if so, please list _____

--Have you ever applied to this Company? _____, if so, when _____

--Have you ever been employed by this Company or a subsidiary? _____, if so give dates from _____ to: _____

--If previously employed by the Company, give reason for leaving: _____

--If hired, can you present evidence of your U.S. Citizenship or your legal right to live and work in this country? ____Yes ____No

--Are you able to perform the duties of the job as contained in the job description with reasonable accommodation? ____Yes ____No

--How did you find out about this company? Employee Referral ____ Newspaper ____ Other ____

PLEASE READ CAREFULLY

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ____Yes ____No

B. Has your driver's license, permit or privilege ever been suspended or revoked? ____Yes ____No

C. Have you ever been charged with driving while intoxicated or under the influence of alcohol or drugs? ____Yes ____No

D. Have you ever used any illegal drugs (including marijuana)? ____Yes ____No If yes, when was the last time? _____

E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or a derivative thereof? ____Yes ____No

F. Have you ever been convicted of a criminal offense? ____Yes ____No

G. Do you currently have any criminal actions pending in which you are a defendant? ____Yes ____No

H. Are you currently on probation or parole status ____Yes ____No

If yes to any of the above questions, state specific circumstances and dates: _____

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 Graduate School 1 2 3

Have you attended a Professional Truck Driving School? ____Yes ____No If yes, did you graduate? ____Yes ____No

List specialty training or schools attended (including Truck driving school). Include dates of attendance and degrees or certifications achieved: _____

MILITARY STATUS

Have you ever served in the U.S. Armed Forces? ____Yes ____No Branch _____ **Dates: From _____ To _____

Duties: _____

Rank at time of Discharge _____ Discharge classification _____

** If service occurred within the last three years, please provide copy of DD 214 for verification purposes

EMPLOYMENT RECORD FOR PAST 10 YEARS

All applicants must list all full and part-time employment including military service, self employment, and periods of unemployment during preceding 10 years. Any employment gaps of greater than 30 days must be explained and verified. Independent contractors should include contact information for the Company "leased to" unless contractor operated under their own authority. Contractors operating on own authority must include ICC and DOT numbers.

NOTE: List employers in reverse order starting with the most recent. **USE AN ADDITIONAL SHEET IF NECESSARY**

CURRENT OR MOST RECENT EMPLOYER

May We Call? Yes _____ No _____

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

SECOND PRIOR EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

THIRD PRIOR EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

FOURTH PRIOR EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

FIFTH PRIOR EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

SIXTH PRIOR EMPLOYER

Name _____ From: Mo Day Yr _____ To: Mo Day Yr _____
Address _____ Phone # (_____) _____
Street City State zip code
Position Held _____ Supervisor _____
Reason for Leaving _____ Type of Equip. Driven _____
Gap in employment From: _____ To: _____ Explain _____
Were you subject to compliance with DOT FMCSR? Yes _____ No _____ Were you enrolled and subject to Random Drug Screen? Yes _____ No _____

