

PHONE NO. 1 (707) 310-7354

FAX : (707) 200-4667



Yard Office : 303 Lincon Rd. West, Vallejo 94590 California
 Office : P.O Box. 6361, Vallejo 94590 California

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
 Equal Opportunity Employer

DATE : _____

PERSONAL INFORMATION

NAME : _____

ADDRESS : _____

PHONENO. _____ CELL _____ HOME _____

REFERRED BY : _____

EMPLOYMENT DESIRED

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

EXPERIENCE & QUALIFICATIONS - DRUVER

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

DRIVING EXPERIENCE

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

Application For Employment (CONTINUED)

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

	DATE	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 ?
- B. HAS ANY LICENCE. PERMIT, OR PRIVELEGE EVER BEEN SUSPENDED OR REVOKED ?
- C. ARE YOU AWARE OF A MANDATORY ENROLLMENT IN RANDOM DRUG & ALCOHOL TESTING PROGRAM ?
- D. ARE YOU PHYSICALLY ABLE TO PERFORM THE WORK REQUIRE OF THE DESIRED POSITION ?
- E. ARE YOU AWARE OF THE SAFETY ITEMS THAT MUST BE WORN ONCE YOUR SHIFT HAS BEGUN ?
- F. ARE YOU AWARE THAT PRE-TRIP INSPECTIONS AND DRIVER LOGS MUST BE PERFORMED DAILY ?
- G. ARE THEIR ANY PHYSICAL MENTAL OR OTHER HEALTH CONDITIONS GOLDEN APPLE EXPRESS TRUCKING SHOULD BE AWARE OF ?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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

Application for employment (CONTINUED)

EMERGENCY CONTACTS (GIVE BELOW THE NAMES (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 STATEMENT CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYEMENT 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 FOREGIONG 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 DISABILITES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS"

DATE _____ SIGNATURE OF APPLICANT _____