

RJ Allen, Inc.
10392 Stanford Ave
Garden, CA 92840
Phone # (714) 539-1022 Fax (714) 590-6955

DRIVER'S APPLICATION FOR EMPLOYMENT

(Attach copy of current DMV printout. Answer all questions – Please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job related disability.

Date of Application _____

Positions(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current address _____
Street City
State Zip Code Phone

Previous Addresses _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS

EMPLOYMENT HISTORY FOR PAST 10 YEARS

Provide Complete Address and Phone Numbers

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. **Add additional sheets as necessary.**)

Leave NO BLANKS or gaps in time for the past 10-year period. Application is incomplete without all information.

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (<i>Circle</i>) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (<i>Circle</i>) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (<i>Circle</i>) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
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Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (<i>Circle</i>) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (<i>Circle</i>) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED _____

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS -- OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY

LIST COURSES TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

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 true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) my result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____

Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	

FROM: _____	TO: _____	FROM: _____	TO: _____
DATE: _____		DATE: _____	
REASON FOR TRANSFER _____		REASON FOR TRANSFER _____	

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____