

# DRIVER'S APPLICATION FOR EMPLOYMENT

BRUNETTE'S AUTO TRANSPORT INC. **11282 58th Street**  
**MIRA LOMA, CA 91752-2108**  
**909 681-3053**

(ENTIRE APPLICATION MUST BE COMPLETED FOR CONSIDERATION - 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 the presence of a non-job related medical condition or handicap.

Position(s) Applied for:  Date of Application:

Last Name:  First Name:  Middle Name:

Date of Birth:  Proof of Age:  YES  NO Social Security No:

List your addresses of residency for the past 3 years below.

Contact Phone No:

Address:  City:  State:  ZipCode:  How Long:

Do you have the legal right to work in the United States?  YES  NO

Have you filed an application here before?  YES  NO DATE:

Have you ever been employed here before?  YES  NO

Date From:  Date To:  Rate of Pay:  Position:

Reason for Leaving:

Are you now employed?  YES  NO

If NO, how long since leaving last employment:

DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OF, OR HAVE YOU PLEADED GUILTY OR NO CONTEST (NOLO CONTENDER) TO, A FELONY OFFENSE?  YES  NO

If yes, please explain here:

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)?  YES  NO

If yes, please explain here:

# EMPLOYMENT HISTORY

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. Account for all periods of unemployment.

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

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

## CURRENT OR LAST EMPLOYER

## DATE

Name :	<input type="text"/>	From MM/YY:	<input type="text"/>	To MM/YY:	<input type="text"/>
Address :	<input type="text"/>			Position:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	ZipCode:	<input type="text"/>
Contract:	<input type="text"/>	Phone No:	<input type="text"/>	Salary/Wage:	<input type="text"/>
				Reason for Leaving:	<input type="text"/>

## SECOND LAST EMPLOYER

## DATE

Name :	<input type="text"/>	From MM/YY:	<input type="text"/>	To MM/YY:	<input type="text"/>
Address :	<input type="text"/>			Position:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	ZipCode:	<input type="text"/>
Contract:	<input type="text"/>	Phone No:	<input type="text"/>	Salary/Wage:	<input type="text"/>
				Reason for Leaving:	<input type="text"/>

## THIRD LAST EMPLOYER

## DATE

Name :	<input type="text"/>	From MM/YY:	<input type="text"/>	To MM/YY:	<input type="text"/>
Address :	<input type="text"/>			Position:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	ZipCode:	<input type="text"/>
Contract:	<input type="text"/>	Phone No:	<input type="text"/>	Salary/Wage:	<input type="text"/>
				Reason for Leaving:	<input type="text"/>

## FOURTH LAST EMPLOYER

## DATE

Name :	<input type="text"/>	From MM/YY:	<input type="text"/>	To MM/YY:	<input type="text"/>
Address :	<input type="text"/>			Position:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	ZipCode:	<input type="text"/>
Contract:	<input type="text"/>	Phone No:	<input type="text"/>	Salary/Wage:	<input type="text"/>
				Reason for Leaving:	<input type="text"/>

## FIFTH LAST EMPLOYER

## DATE

Name :	<input type="text"/>	From MM/YY:	<input type="text"/>	To MM/YY:	<input type="text"/>
Address :	<input type="text"/>			Position:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>	ZipCode:	<input type="text"/>
Contract:	<input type="text"/>	Phone No:	<input type="text"/>	Salary/Wage:	<input type="text"/>
				Reason for Leaving:	<input type="text"/>

**SIXTH LAST EMPLOYER**

**DATE**

Name :  From MM/YY:  To MM/YY:

Address :  Position:

City:  State:  ZipCode:  Salary/Wage:

Contract:  Phone No:  Reason for Leaving:

**SEVENTH LAST EMPLOYER**

**DATE**

Name :  From MM/YY:  To MM/YY:

Address :  Position:

City:  State:  ZipCode:  Salary/Wage:

Contract:  Phone No:  Reason for Leaving:

Have you ever tested positive, or refused to test, on any pre-employment drug test administered on behalf of an employer to which you have applied for, but did not obtain employment in a safety-sensitive transportation position (i.e., truck driver) covered by the Department of Transportation (DOT) drug and alcohol testing rules during the past two years?

YES  NO

Have you tested positive, refused to test or had an adulterated test for drug or alcohol test for pre-employment, random, post-accident, or reasonable suspicion covered by the DOT drug and alcohol testing rules during the past two years?

YES  NO

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

YES  NO

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED.) -**

**IF NONE WRITE NONE**

<b>DATES mm/dd/yyyy</b>	<b>NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLLOVER, ETC.)</b>	<b>FATALITIES</b>	<b>INJURIES</b>
Last: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Prv: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TRAFFIC CITATIONS OR CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS -**

**IF NONE WRITE NONE**

<b>LOCATION</b>	<b>DATE mm/dd/yyyy</b>	<b>CHARGE</b>	<b>PENALTY</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach additional sheet if more space is needed.)

**ARE YOU A VETERAN OF THE U.S. MILITARY SERVICES OR CURRENTLY IN THE NATIONAL GUARD OR RESERVES?**

YES  NO

**IF YES, WHAT WAS YOUR BRANCH OF U.S. MILITARY SERVICE?**

From mm/yy:

To mm/yy:

Enter Highest Grade:

Education Grade Level:  
1 2 3 4 5 6 7 8 9 10 11 12

College Level:  
C1 C2 C3 C4

College Degree:

School/University:

City:

State:

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

Driver's License #:

State:

Type:

Exp. 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	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
10 Car Auto Transporter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 to 7 Car Transporter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 or less Car Transporter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List states operated in for the last 5 years:

List special courses or training to help drive:

List Safe driving awards and from whom:

**EXPERIENCE AND QUALIFICATION - OTHER**

Other trucking experience that may help you work:

List other special training not mentioned elsewhere:

List special equipment or technical material used:

**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 authorized 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. I hereby release employers, schools, 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) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE: \_\_\_\_\_