



APPLICATION FOR EMPLOYMENT

Company Name PERFORMANCE TRANSPORT
 Street Address 11408 CACTUS AVE
 City, State, Zip BLOOMINGTON, CA 92316

Application: Read and Sign before submitting this application

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant _____ Date _____

Name _____ Phone _____
 First Middle Last

Current Address _____
 Street City State Zip Code

**If the above Residence less than three years, list below all residences for the past three years.*

Street City State Zip Code

Street City State Zip Code

Date of Birth _____ (Answer if only applying for driving position)

IN CASE OF EMERGENCY NOTIFY: _____ Phone _____

Address City State Zip Code

Position applying for: _____ Temporary [] Part time [] Full time []

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? Yes [] No [] Dates: From _____ To _____
 Mth/Yr Mth/Yr

Where? _____ Rate of Pay _____ Position _____

Reason for leaving? _____

Names of Relatives employed by this company _____

Are you currently employed? Yes [] No [] If not, how long since leaving last employment? _____

GENERAL INFORMATION

Have you ever been convicted of a felony? Yes [] No []

If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you ever worked for this company under another name? Yes [] No [] If yes, what name? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987, they must also show commercial driver employment for the seven years immediately preceding this three-year period. 391.20 (b) (10), (11)

Start with last or current position, including military experience and work background

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone: _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

QUALIFICATIONS

Licences				
Drivers licences held in past three years must be shown	State	Licence No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes [] No []

B. Have any license, permit or privilege ever been suspended or revoked? Yes [] No []

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Reg.? Yes [] No []

If you answered "yes" to A,B,C, attach a statement giving details.

DRIVER EXPERIENCE

Dates	Nature of Accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic convictions and Forfeitures for the past three years other than parking violations

Location	Date	Charge	Penalty