

APPLICATION FOR EMPLOYMENT

Company: Titan Tank Lines Reviewed By: _____
 Address: 7944 N. Maple, #118 Title: _____
 City, State, Zip: Fresno, CA 93720 Date: _____

TO BE READ AND SIGNED BY APPLICANT

I have been advised of and understand the following: (1) In the event of employment, false or misleading information given in my application or interview(s) may result in discharge; (2) I am required to abide by all rules and regulations of the Company; (3) The information I provide regarding current and/or previous employer(s) may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e); and (4) I have the right to: (i) review information provided by previous employers; (ii) have errors corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and (iii) have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. Additional information on this subject can be found in Title 49 CFR 391.23(h) through 391.23(l).

 APPLICANT'S SIGNATURE _____
 DATE

NAME _____ TELEPHONE () _____
FIRST MIDDLE LAST

ADDRESS _____ HOW LONG? _____
STREET CITY STATE ZIP

PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 3 YEARS:

ADDRESS _____ HOW LONG? _____
STREET CITY STATE ZIP

ADDRESS _____ HOW LONG? _____
STREET CITY STATE ZIP
 (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

DRIVER LICENSES HELD (PAST 3 YEARS)			
LICENSE NUMBER	TYPE	STATE	EXPIRATION DATE
HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER TO EITHER QUESTION IS "YES", YOU MUST PROVIDE A WRITTEN STATEMENT GIVING THE DETAILS:			

TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)			
DATE	LOCATION	CHARGE	PENALTY

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (use additional sheet if necessary)			
DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	INJURIES	FATALITIES

