APPLICATION FOR EMPLOYMENT

Company:	Titan Tank Lines		Reviewed By:				
Address: 7944 N. Maple, #118			Title:				
City,State,Zip:_	Fresno, CA 93720		Date:				
	То ве	READ AND SIGNED BY A	PPLICANT				
my application of The information the purpose of in review information employers to re- alleged erroneous	vised of and understand the following interview(s) may result in dischall provide regarding current and/of vestigating my safety performance on provided by previous employsend the corrected information to the information, if the previous end is subject can be found in Title 49	arge; (2) I am required to a or previous employer(s) may e history as required by 49 (vers; (ii) have errors corre to the prospective employer, mployer(s) and I cannot ag	bide by all rules and re be used, and those emp CFR 391.23(d) and (e); cted by previous emple and (iii) have a rebu ree on the accuracy o	gulations of the Company; (3) ployer(s) will be contacted, for and (4) I have the right to: (i) oyers and for those previous ttal statement attached to the			
	APPLICANT'S SIGNATURE			DATE			
NAME FIRST ADDRESS STREET	MIDDLE CITY	LAST	ZIP	ONE _(
ADDRESS	S IF CURRENT ADDRESS IS LESS THAN			How Long?			
ADDRESS STREET		STATE	ZIP	How Long?			
DATE OF BIRTH	(AT	TTACH SHEET IF MORE SPACE	is needed) TY NUMBER				
	DRIVER LI	CENSES HELD (PAST 8	YEARS)				
L	ICENSE NUMBER	Туре	STATE	EXPIRATION DATE			
	BEEN DENIED A LICENSE, PERMIT			YES NO			
	E, PERMIT, OR PRIVILEGE EVER BE			YES NO			
TRA	AFFIC CONVICTIONS/FORFE	TTURES FOR THE PAST	3 YEARS (other than	parking violations)			
DATE	LOCATION		CHARGE	PENALTY			
AC	CIDENT RECORD FOR THE	E PAST 3 YEARS OR M	ORE (use additional s	sheet if necessary)			
DATE	NATURE OF ACCID (HEAD-ON, REAR-END, UPSE		Injuries	FATALITIES			

Par.	EXPERIENC	CE AND QUAI	LIFICATION	S OF	DRIVER			
CLASS OF EQUIPMENT (CHECK YES OR NO)			CIRCLE TYPE OF EQUIPMENT		DATES (M/Y) TO (M/Y)	APPROXIMATE TOTAL MILES		
Straight Truck	☐ Yes ☐ No	(van, tank, fla	at, dump, refer)					
Tractor/Semi-Trailer	☐ Yes ☐ No	(van, tank, fla	at, dump, refer)					
Tractor/Two-Trailers	Yes No	(van, tank, fla	at, dump, refer)					
Tractor/Three-Trailers	Yes No	(van, tank, fla	at, dump, refer)					
Bus/School Bus	☐ Yes ☐ No							
Entry Level Driver Trainir	ng (less than one year exp	perience)	Yes [No	Date of Certification	n:		
Longer Combination Vehi	cle (LCV) Training		Yes [] No	Date of Certification			
	FMD	LOYMEN	VT HIC	TO	DV			
NOTE: THE REGULATION THE PAST 10 YEARS B	ONS REQUIRE THAT E	MPLOYMENT FOR	AT LEAST 3	TEADS A	ND/OR COMMERCIAL	L DRIVING EXPERIENCE ING PROCESS.		
NAME:					FROM Mo: YR:	То:		
ADDRESS:					POSITION HELD:	Mo: YR:		
CITY:	ST	ATE:	ZIP:		SALARY/WAGE:	SALARY/WAGE:		
CONTACT PERSON:	DNTACT PERSON: PHONE:				REASON FOR LEAVING	REASON FOR LEAVING:		
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?				? TYES	□ No			
Was your job designated a COMMERCIAL DRIVER) SUBJE	AS A SAFETY-SENSITIVE F	TUNCTION IN ANY D RTS 40 AND 382?	OT-REGULATED	MODE	☐ YES	□ No		
NAME:					FROM MO; YR:	To: Mo: Yr:		
ADDRESS:					POSITION HELD:	IV.		
CITY: STATE: ZIP:			SALARY/WAGE:	SALARY/WAGE:				
CONTACT PERSON:	NTACT PERSON: PHONE:			REASON FOR LEAVING	REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?			YES	YES NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?			YES	□ No				
AME:					FROM MO: YR:	To: Mo: YR:		
DDRESS:					POSITION HELD:			
TTY: STATE: ZIP:			SALARY/WAGE:	SALARY/WAGE:				
ONTACT PERSON: PHONE:				REASON FOR LEAVING:				
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?				YES	□ No			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE FMCSR, PARTS 40 AND 382?				YES	□ No			
	ATTACH	ADDITIONAL S	HEET(S) IF N	ECESSA	RY			
THIS CERTIFIES THAT THE	S APPLICATION WAS (BE READ AND SIC COMPLETED BY M LEDGE:	GNED BY APPL ME, AND THAT	ICANT ALL EN	TRIES ON IT AND INF	FORMATION IN IT AR		

EMPLOYMENT HISTORY (cont.)

NOTE: THE REGULATIONS REQUIRE THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN. THE PREVIOUS EMPLOYERS MAY BE CONTACTED AS PART OF THE HIRING PROCESS.

APPLICANT NAME:	WN. THE PREVIOUS EMP		DATE:			
NAME:			FROM Mo: YR:	To:		
ADDRESS:			POSITION HELD:	Mo: YR:		
CITY:	STATE:	ZIP:	SALARY/WAGE:			
CONTACT PERSON:	PHONE	:	REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FEDERAL	☐ YES ☐ NO					
WAS YOUR JOB DESIGNATED AS A SAF COMMERCIAL DRIVER) SUBJECT TO TH		□ No				
NAME:			FROM Mo: YR:	To:		
ADDRESS:			Mo: YR: POSITION HELD:	Mo: YR:		
Сіту:	STATE:	ZIP:	SALARY/WAGE:			
CONTACT PERSON:	PHONE	:	REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FEDERAL	☐ YES ☐ NO					
WAS YOUR JOB DESIGNATED AS A SAFI COMMERCIAL DRIVER) SUBJECT TO THI	YES	□ No				
NAME:			FROM Mo: YR:	To:		
ADDRESS:			POSITION HELD:	Mo: YR:		
CITY:	STATE:	ZIP:	SALARY/WAGE:			
CONTACT PERSON:	PHONE	:	REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FEDERAL	VERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?			П №		
WAS YOUR JOB DESIGNATED AS A SAFF COMMERCIAL DRIVER) SUBJECT TO THE	YES YES	□ No				
NAME:			FROM MO: YR:	To: Mo: YR:		
ADDRESS:			POSITION HELD:	NO. 1R.		
CITY:	Y: STATE: ZIP:			SALARY/WAGE:		
CONTACT PERSON:	T PERSON: PHONE:		REASON FOR LEAVING:			
WERE YOU SUBJECT TO THE FEDERAL 1	RE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?			□ No		
WAS YOUR JOB DESIGNATED AS A SAFE COMMERCIAL DRIVER) SUBJECT TO THE	YES	□ No				
THIS CERTIFIES THAT THIS APPLICATION THE BEST	CATION WAS COMPLETE	ND SIGNED BY APPLICANT D BY ME, AND THAT ALL ENTRI	ES ON IT AND INFO	DRMATION IN IT AR		
APPLICANT'S SIGNA	TURE	_	DATE			