



**OFFICE  
APPLICATION**

<b>Company Name:</b> Western Regional Delivery Service	<b>Phone:</b> 714-683-2300
<b>Street Address:</b> 1424 S. Raymond Ave., Fullerton, CA 92831	<b>FAX:</b> 714-683-2329

**Application for Employment**

**PERSONAL INFORMATION**

Last Name:	First:	Middle:	Date:
Street Address:		Home Telephone (    )	
City, State, Zip:		Business Telephone: (    )	
Have you ever applied for employment with us? Please circle Yes /No ? If "Yes": Month and Year _____. Location: _____		Social Security #:	
		Pay Expected:	
		Will you work overtime if asked? Yes / No	
Are you legally eligible for employment in the United States?		Position Desired:	
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Please circle: Yes / No      If "Yes," describe in full.		When will you be available to begin work? _____	
Other special training or skills (languages, machine operation, etc.)		Have you ever been bonded? Please circle: Yes / No If "Yes," with what employers?	

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.

**EDUCATION INFORMATION**

<u>School</u>	<u>Name and Location of School</u>	<u>Course of Study</u>	<u>No. of Years Completed</u>	<u>Did you Graduate?</u> Yes or No	<u>Degree of Diploma</u>
<b>Graduate</b>					
<b>College</b>					
<b>Business / Trade/ Technical</b>					
<b>High School</b>					
<b>Elementary</b>					

**EMPLOYMENT** : Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name:	Telephone:  (      )
	Address:	Employed – (State Month and Year):
	Name of Supervisor:	Weekly pay:  Start:                                  Last:
	State Job Title and Describe Your Work:	Reason of Leaving:



2	Company Name:	Telephone: (      )
	Address:	Employed – (State Month and Year):
	Name of Supervisor:	Weekly pay: Start:                      Last:
	State Job Title and Describe Your Work:	Reason of Leaving:

3	Company Name:	Telephone: (      )
	Address:	Employed – (State Month and Year):
	Name of Supervisor:	Weekly pay: Start:                      Last:
	State Job Title and Describe Your Work:	Reason of Leaving:

**EMPLOYMENT HISTORY CONTINUED ON THE NEXT PAGE ----->**





<b><u>MILITARY:</u></b>	Did you serve? Please Circle
Describe any training received relevant to the position for which you are applying? <hr/> <hr/>	

**Additional Information**

Membership in professional and civic organizations, special accomplishments, awards, etc.

(Exclude those which may disclose your race, color, religion, age, or national origin).

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## Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct, and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless require by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all issues and concerns in the above statement.

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

SIGNATURE: \_\_\_\_\_



## Request For Information From Previous Employers Employment History and Controlled Substance Tests

To: \_\_\_\_\_

Date: \_\_\_\_\_

Mr./Ms.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
has made application to this company for a position as \_\_\_\_\_ that he/she  
was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to  
\_\_\_\_\_. Please kindly reply to the inquiry below regarding this applicant. Your reply will be  
held in strict confidence.

1. Is employment dates with your company correct as stated above? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please give correct dates; from \_\_\_\_\_ to \_\_\_\_\_.
2. What kind(s) of work did he/she do? Driver \_\_\_\_\_; Dock \_\_\_\_\_; Office \_\_\_\_\_; Other (specify)  
\_\_\_\_\_.
3. If an OTR driver, what areas of country did he/she travel? \_\_\_\_\_
4. If employed as a driver, indicate the type of equipment operated:  
Tractor Trailer \_\_\_\_\_; Bobtail \_\_\_\_\_; Other (specify) \_\_\_\_\_
5. Dates of accidents \_\_\_\_\_, Number preventable \_\_\_\_\_ Number of non-  
preventable \_\_\_\_\_.
6. Has employee tested positive in the past two years for a controlled substance? \_\_\_\_\_
7. Has employee tested positive in the past two years for alcohol concentration? \_\_\_\_\_
8. Has employee refused to be tested for a controlled substance or alcohol in the past 2 yrs? \_\_\_\_\_
9. If you answered yes to questions 6, 7, 8, please list below the name and address of your substance  
abuse professional: \_\_\_\_\_
10. How was the employee's general conduct? Satisfactory \_\_\_\_\_; Average \_\_\_\_\_ Other \_\_\_\_\_.
11. Why did the employee leave your company? Resigned \_\_\_\_\_; Discharged \_\_\_\_\_; Laid Off \_\_\_\_\_.
12. Would you re-employ this person? Yes \_\_\_\_\_; No \_\_\_\_\_.  
If no, please explain \_\_\_\_\_

Signature of person supplying information: \_\_\_\_\_

Title and Department: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize this company to release the following information, for purposes of investigation, as required by sections 391.23, 382.405(f) and (o), 382.401(b)(1)(i) through (ii) by the federal motor carriers' safety regulations: all records of employment, including assessments of my job performance, ability, fitness, and drug and alcohol testing results, to each and every company (or their authorized agents which may request such information in connection with my application for employment with said company. You are hereby released from any and all liability, which may result from furnishing such information.

Former Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Application's Signature: \_\_\_\_\_

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