



General Freight, Warehousing, Storing, & Distribution

6825 Walthall Way, Paramount CA, 90723

Email: operations@nonstoptransportation.com

Toll Free: (877) 312-9311 Phone: (562) 630-1726 Fax: (562) 630-1752

Full Time Driver Application

| Applicants Information | | | | |
|------------------------|--|-----------------|--|-------------------------|
| First Name | | Middle Name | | Last Name |
| Phone | | Email | | |
| Date of Birth | | Social Security | | Date of Application |
| Position Applying For | | | | Date Available for Work |

Do you have legal right to work in the United States? Yes No

| License Information | | | | |
|--|-----------|------------|--------------|-----------------|
| No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed | | | | |
| State | License # | Type/Class | Endorsements | Expiration Date |
| | | | | |
| Previously Held Licenses | | | | |
| | | | | |
| | | | | |

Do You Have Truck Driving Experience? Yes No

| Driving Experience | | | | |
|----------------------|---|-----------|---------|---------------------------|
| Class of Equipment | Type of Equipment (Van, Flatbed, Tank, ETC..) | Date From | Date To | Approx # Of Miles (Total) |
| Bobtail truck | | | | |
| Tractor & Trailer | | | | |
| Tractor & 2 Trailers | | | | |
| Tractor & Tanker | | | | |
| Other | | | | |

City OTR Bobtail Deliveries Per Day? _____ Tractor Deliveries Per Day _____

List states operated in, for the last five (5) years: _____



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Are You Familiar with The Southern California Areas? Yes No

Freeways? Yes No Streets? Yes No Cities? Yes No

Do You Have the Ability to Lift Up To 75 Lbs.? Yes No

If No Please Explain Why. _____

| Education | | | | | | |
|-------------|-----------------|-----------------|-----------------|-----------------|--|---------|
| School | Name & Location | Course of Study | Years Completed | Graduate Y N | | Details |
| High School | | | | | | |
| College | | | | | | |
| Other | | | | | | |

| Previous Three Years Residency | | | | | |
|--------------------------------|--------|------|-------|----------|-----------------------|
| | Street | City | State | Zip Code | # of Years at Address |
| Current | | | | | |
| Mailing | | | | | |
| Previous | | | | | |
| Previous | | | | | |
| Previous | | | | | |

Do You Have A Clean Driving Record? Yes No How many DMV Points? _____

| Accident Record for The Past 5 Years | | | | |
|---|---|-----------------|---------------|-----------------------|
| Check this box if none <input type="checkbox"/> | | | | |
| Dates (list Most recent) | Nature of Accident (Head-on, rear-end, upset, etc.) | # of Fatalities | # of Injuries | Chemical Spills (Y/N) |
| | | | | |
| | | | | |
| | | | | |



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|--|--|--|--|--|
| | | | | |
| | | | | |

Traffic Convictions and Forfeitures for The Past 5 Years (Other than Parking Violations)

Check this box if none

| Date Convicted | Violation | State of Violation | PENALTY (Forfeited bond, collateral and/or points) |
|----------------|-----------|--------------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please attach a copy of your MVR Report with this application.

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

If yes, explain _____

Has any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, explain _____

Employment History

Current (Most Recent) Employer

| | | | | | |
|--------------------|--|--------------|--|------------|--|
| Name | | | | Phone | |
| Address | | | | | |
| Position Held | | From (MO/YR) | | To (MO/YR) | |
| Reason for Leaving | | | | Salary | |

Are You Currently Employed? Yes No

Why Are You Looking to Change? Please Explain: _____



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Second (Most Recent) Employer

| | | | |
|---------------------------|--|---------------------|-------------------|
| Name | | Phone | |
| Address | | | |
| Position Held | | From (MO/YR) | TO (MO/YR) |
| Reason for Leaving | | | Salary |

Third (Most Recent) Employer

| | | | |
|---------------------------|--|---------------------|-------------------|
| Name | | Phone | |
| Address | | | |
| Position Held | | From (MO/YR) | To (MO/YR) |
| Reason for Leaving | | | Salary |

Other Qualifications

Please list any other qualifications that you have and which you believe should be considered.

| |
|--|
| |
| |
| |

Are you Flexible in working overtime if needed? Yes No

Have you ever been convicted of a felony? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No



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If the answers to any questions listed above are "yes", give details. _____

Are You At least 26 Years of Age? Yes No

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Tell Us A Little About your Self: _____



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To Be Read and Signed by Applicant

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, 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.

It is agreed and understood that any misrepresentation given on this application shall be considered an act of Dishonesty.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I understand that the information I provide regarding my current and/or prior employers 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. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- 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.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

| | | | |
|-----------------------------|--|-------------|--|
| Applicants Signature | | Date | |
|-----------------------------|--|-------------|--|

| | |
|----------------------------------|--|
| Applicants Name (Printed) | |
|----------------------------------|--|

Remarks: (For office use only)
