

# CUSTOMER TRUCK SERVICE/EUREKA TRUCK LINES

2404 Sandy Prairie Road, Fortuna CA 95540  
 707-444-8282 Fax 707-726-0352  
 cts@customertruck.com



## Employment Application

### APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Of Birth			Social Security No.			CDL #	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you now employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, how long since leaving last employment?				
Who referred you?							
Is there any reason you might be unable to perform the function of the job for which you have applied? (If yes, please explain)							

### EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add additional sheet as necessary)

**PREVIOUS EMPLOYMENT**

Company		Phone #	
Address		Supervisor	
Fax #	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor email			
Company		Phone #	
Address		Supervisor	
Fax #	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor email			
Company		Phone #	
Address		Supervisor	
Fax #	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Supervisor email			

\*Includes vehicles having GVW of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**ACCIDENT RECORD FOR THE PAST THREE YEARS (ATTACH SHEET IF MORE SPACE NEEDED)**

Dates	Nature of Accident	Fatalities	Injuries

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING)**

Dates	Location	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS-DRIVER LICENSES**

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? (If yes, explain ) YES  NO

Has any license, permit or privilege ever been suspended or revoked? (If yes, explain) YES  NO

**EXPERIENCE AND QUALIFICATIONS-DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates From To		Approx Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

List States operated in for the last five years:

Show special courses or training that will help you as a driver:

Which Safe Driving Awards do you hold and from whom?

Show any trucking, transportation or other experience that may help in your work for this company.

List special equipment or technical materials you can work with (other than already shown)

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## DISCLAIMER AND SIGNATURE

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, medical history, and Department of Motor Vehicle records, alcohol and controlled substance testing records, and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after conditional offer of employment has been extended.) 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.

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

Name:

Social Security #:

Signature:

Date: