

CHRISTENSEN BROTHERS GENERAL ENGINEERING, INC.

**PO BOX 1286
21288 PAPAGO RD.
APPLE VALLEY, CA 92307**

DRIVER'S APPLICATION FOR EMPLOYMENT

(Attach copy of current DMV printout. Answer all questions noting N/A or NONE where applicable. – Please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non job related disability.

Date of Application _____

Positions(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle

List your addresses of residency for the past 3 years.

Current address _____
Street City
State Zip Code Phone

Previous Addresses _____ How Long? _____
Street City State & Zip Code
_____ How Long? _____
Street City State & Zip Code
_____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of _____ Position _____

Reason for Leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of Pay Expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? _____

If yes, explain if you wish _____

APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS

EMPLOYMENT HISTORY FOR PAST 10 YEARS

Provide Complete Address and Phone Numbers

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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 sheets as necessary.**)

LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10-YEAR PERIOD. APPLICATION IS INCOMPLETE WITHOUT ALL INFORMATION.

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (Circle) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (Circle) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (Circle) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (Circle) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

DATE: From Month/Year:	To:	Type of Trailer Pulled:
Company:		Type of Equipment Driven:
Address:		Number of Accidents:
City:	State:	Zip:
Telephone: ()		States you Drove In:
Supervisor:		Positions Held: Compensation/Pay:
Full or Part time (Circle) Hour or Miles/Week:		Reason for Leaving:
		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPETED 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3

4

LAST SCHOOL ATTENDED _____

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle

YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked?

YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE IF NONE, WRITE NONE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR – TWO TRAILERS _____				
MOTORCOACH – SCHOOL BUS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARD DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOU WORK FOR THIS COMPANY

LIST COURSES TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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 or medical history 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 a conditional offer of employment has been extended.) I hereby release employers, school, 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) my result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date _____

Applicant's Signature _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____
FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: _____
 Social Security No: _____ Date of Birth: ____/____/____
 I hereby authorize the Previous Employer noted below to release and forward information requested concerning safety performance history and drug and alcohol testing to my Prospective Employer.
 Prospective Employees Signature: _____

PREVIOUS EMPLOYER INFORMATION

Company Name: _____
 Contact Name: _____ Telephone Number: _____
 Fax Number: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

PROSPECTIVE EMPLOYER INFORMATION

Company Name: Christensen Brothers General Engineering, Inc. THIS FORM WAS (check appropriate box) _____ Date _____
 Attention: Leona Christensen Mailed _____
 Address: P.O. Box 1286 Faxed _____
 City, State, Zip: Apple Valley, CA 92307 Emailed _____
 Phone Number: (760) 240-5236 x100 Relayed by Phone _____
 Fax Number: (760) 961-2307 Name of Person Contacted: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER SAFETY PERFORMANCE HISTORY

- There is no safety performance history to report
 DOT Regulated Driver Non-DOT Regulated Driver Eligible for Re-Hire Yes No
 Driver Operated a (please check box)
 Straight Truck Cargo Tank
 Tractor-Semitrailer Doubles/Triples
 Bus Other (Specify) _____
 Reason for Leaving Employment (please check box)
 Discharged Military Duty
 Resignation Other (Specify) _____
 Lay off

ACCIDENTS: Complete the following for any accidents included on your accident registration (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

RUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated Driver was checked off on the Safety Performance History section)

- This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is checked skip the section below)
- Under Department of Transportation testing requirements for the past 3 years:
- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of subpart B of Part 382, or Part 40. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes please attach documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. | <input type="checkbox"/> | <input type="checkbox"/> |

By providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.
 Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted above in compliance with the Department of Transportation regulations, §40.321(b)

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: _____
 Social Security No: _____ Date of Birth: ____/____/____
 I hereby authorize the Previous Employer noted below to release and forward information requested concerning safety performance history and drug and alcohol testing to my Prospective Employer.
 Prospective Employees Signature: _____

PREVIOUS EMPLOYER INFORMATION

Company Name: _____
 Contact Name: _____ Telephone Number: _____
 Fax Number: _____ Email: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

PROSPECTIVE EMPLOYER INFORMATION

Company Name: Christensen Brothers General Engineering, Inc. THIS FORM WAS (check appropriate box) _____ Date _____
 Attention: Leona Christensen Mailed _____
 Address: P.O. Box 1286 Faxed _____
 City, State, Zip: Apple Valley, CA 92307 Emailed _____
 Phone Number: (760) 240-5236 x100 Relayed by Phone _____
 Fax Number: (760) 961-2307 Name of Person Contacted: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER SAFETY PERFORMANCE HISTORY

There is no safety performance history to report
 DOT Regulated Driver Non-DOT Regulated Driver Eligible for Re-Hire Yes No
 Driver Operated a (please check box)
 Straight Truck Cargo Tank
 Tractor-Semitrailer Doubles/Triples
 Bus Other (Specify) _____
 Reason for Leaving Employment (please check box)
 Discharged Military Duty
 Resignation Other (Specify) _____
 Lay off

ACCIDENTS: Complete the following for any accidents included on your accident registration (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no register data for this driver.

Date	Location	# of Injuries	# of Fatalities	Hazmat Material Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

RUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated Driver was checked off on the Safety Performance History section)

This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is checked skip the section below)

Under Department of Transportation testing requirements for the past 3 years:

	Yes	No
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of subpart B of Part 382, or Part 40.	<input type="checkbox"/>	<input type="checkbox"/>
5. Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes please attach documentation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested.	<input type="checkbox"/>	<input type="checkbox"/>

By providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included.
 Any other remarks: _____

Signature: _____
 Title: _____ Date: _____

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted above in compliance with the Department of Transportation regulations, §40.321(b)

Driver File Checklist # 3 - A, B

PREVIOUS EMPLOYEE SAFETY PERFORMANCE HISTORY REQUEST

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

Prospective Employee Name: _____
Social Security No: _____ Date of Birth: ____/____/____
I hereby authorize the Previous Employer noted below to release and forward information requested concerning safety performance history and drug and alcohol testing to my Prospective Employer.
Prospective Employees Signature: _____

PREVIOUS EMPLOYER INFORMATION

Company Name: _____
Contact Name: _____ Telephone Number: _____
Fax Number: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

PROSPECTIVE EMPLOYER INFORMATION

Company Name: Christensen Brothers General Engineering, Inc. THIS FORM WAS (check appropriate box) Date _____
Attention: Leona Christensen [] Mailed _____
Address: P.O. Box 1286 [] Faxed _____
City, State, Zip: Apple Valley, CA 92307 Emailed _____
Phone Number: (760) 240-5236 x100 Relayed by Phone _____
Fax Number: (760) 961-2307 Name of Person Contacted: _____

TO BE COMPLETED BY THE PREVIOUS EMPLOYER SAFETY PERFORMANCE HISTORY

[] There is no safety performance history to report
[] DOT Regulated Driver [] Non-DOT Regulated Driver Eligible for Re-Hire [] Yes [] No
Driver Operated a (please check box) Reason for Leaving Employment (please check box)
[] Straight Truck [] Cargo Tank [] Discharged [] Military Duty
[] Tractor-Semitrailer [] Doubles/Triples [] Resignation [] Other (Specify) _____
[] Bus [] Other (Specify) _____ [] Lay off

ACCIDENTS: Complete the following for any accidents included on your accident registration (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here [x] if there is no register data for this driver.

Table with 5 columns: Date, Location, # of Injuries, # of Fatalities, Hazmat Material Spill. Rows 1, 2, 3.

RUG & ALCOHOL TESTING: (Complete this section only if DOT Regulated Driver was checked off on the Safety Performance History section)

[] This person was not employed in a safety sensitive function that required alcohol and controlled substance testing specified by 49 CFR Part 40. (if box is checked skip the section below)
Under Department of Transportation testing requirements for the past 3 years:
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes [] No []
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substance? Yes [] No []
3. Has this person refused to submit to a post-accident, random reasonable suspicion, or follow-up alcohol or controlled substance test? Yes [] No []
4. Has this person committed other violations of subpart B of Part 382, or Part 40. Yes [] No []
5. Has this person violated a DOT drug and alcohol regulation and completed a SAP-prescribed rehabilitation program in your employment, including return-to-duty and follow-up tests? If yes please attach documentation. Yes [] No []
6. Has this person, after successfully completing a SAP's rehabilitation referral, remained in your employment but subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested. Yes [] No []

providing this information, any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT regulations is included. Any other remarks: _____

Signature: _____
Title: _____ Date: _____

Pursuant to a request for Previous Employee Safety Performance History, Dated _____, this response is being provided to the Prospective Employer noted above in compliance with the Department of Transportation regulations, §40.321(b)

DO NOT RETURN THIS FORM TO DMV.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/other/services, or by calling 916-657-6346.

DATE		EXECUTED AT CITY	
SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE		COUNTY	
CA		STATE	

I do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

I, _____, of _____, CHRISTENSEN BROTHERS GENERAL ENGINEERING, INC., AUTHORIZED REPRESENTATIVE COMPANY NAME

DATE		EXECUTED AT CITY	
SIGNATURE OF EMPLOYEE		COUNTY	
CA		STATE	

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment. I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____, CHRISTENSEN BROTHERS GENERAL ENGINEERING, INC., COMPANY NAME California Driver License Number, _____

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

EMPLOYER PULL NOTICE PROGRAM

A Public Service Agency

