



559-798-1114 • Fax 559-798-1607 • PO Box 248, Ivanhoe, CA 93235 www.hannahtruckinginc.com

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

PRINT CLEARLY

ANSWER ALL QUESTIONS

COMPANY _____ DATE COMPLETED _____

Name in Full _____
(Last) (First) (Middle) US Social Security # _____

Present Address _____
(Number and Street) (City) (State and Zip code) (Telephone) _____

Permanent Address _____
(Number and Street) (City) (State and Zip code) (Telephone) _____

Applying for Job (title) _____ Full-Time _____ Part-Time _____ Date Available _____ Number of Years Experience _____

Salary Expected _____

Is any additional information relative to change of name, use of assumed name or nickname necessary to enable a check on the information you are providing on this form? If yes, please explain.

Can you, after employment, submit verification of your legal right to work in the United States? _____

Are you 18 years of age or over? _____ Who do we notify in case of emergency during working hours? _____ Telephone _____

ALL DRIVERS LICENSES HELD LAST 5 YEARS	STATE	LICENSE NO.	CLASS	EXPIRATION DATE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Dock, driving, yard and shop jobs may require physical ability and heavy exertion and lifting. Do you have any physical condition which may limit your ability to perform the job applied for? Yes ☐ No ☐

Have you any Relatives Employed by Company Yes ☐ No ☐ If yes, give names and position.

Have you ever worked for the Company before? _____ Where _____ When _____

Are you now employed? _____ If so, may we inquire of your present employer? _____

Please list job related organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age.

EDUCATION

SCHOOLS	DATES ATTENDED From To	NAME OF SCHOOL	ADDRESS	GRADUATE OR DEGREE?
Grade				
High School				
College or University				
Business or Technical				
Other				

If you served in the military, list any skills learned which you feel are relevant to the position you are applying for.

*The ability to be bonded is a condition of hire.
required after employment.

A photograph and a copy of your fingerprints may be

REFERENCES (PERSONAL) OTHER THAN RELATIVES

NAME	ADDRESS (STREET, CITY, STATE)	OCCUPATION	YEARS AQUAINTED	TELEPHONE

PREVIOUS EMPLOYMENT

COMPANY USE REFERENCE CHECK	EMPLOYERS (LIST THE LAST ONE FIRST)	ADDRESS	POSITION	EMPLOYED FROM - TO	REASON FOR LEAVING

DRIVING EXPERIENCE RECORD

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES FROM TO		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR 0 TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS

MONTH - YEAR	TYPE OF ACCIDENT	TYPE OF EQUIPMENT	DEATH OR INJURIES	CITY OR COUNTY	NIGHT OR DAY	EMPLOYER

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) ATTACH SHEET IF MORE SPACE IS NEEDED

LOCATION	DATE	CHARGE	PENALTY

License revoked last three years? Yes ☐ No ☐ Give circumstances:

GENERAL DRIVING RECORD

I have driven trucks for _____ years, covering approximately _____ miles. The date of my last accident while driving a commercial vehicle _____. Since that time I have driven approximately _____ accident free miles.

SAFE DRIVING AWARDS, ETC.

DATE	KIND OF AWARD	PRESENTED BY	WHILE EMPLOYED BY	IN RECOGNITION OF

APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION.

I authorize this employer or his agents or to investigate my background to ascertain any and all information of concern to my record whether same is of record or not and release employers and persons named herein from all liability for any damages on account of his furnishing such information.

I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge.

Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. The employer adheres to this section of the Labor Code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party without cause.

I certify that this application was completed by me and that all entries on it and information on it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

Date _____

Applicant Signature _____