



TERRY JOHNSON TRUCKING, INC.

APPLICATION FOR EMPLOYMENT

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, material status or non-job related disability.

APPLICANTS STATEMENT

-I certify that answers given herein are true and complete to the best of my knowledge.

-I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

-I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which, means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

-In the event of employment, I understand that false or misleading information given in my application or interviews will result in discharge. I understand, also, that I am required to abide by all rules and regulations of both state and federal law as well as the employer.

- The information you provide in this application may be used, and the previous employers you provide will be contacted for, the purpose of investigating your safety performance history information as required by paragraphs (d) and (e) of 49CFR§391.23. Terry Johnson Trucking, Inc. also hereby notifies you that you have due process rights as specified in 49CFR§391.23(i) regarding information received as a result of these investigations.

(This application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are accepted at that time.)

My signature certifies that this application was completed by me.

APPLICANT'S SIGNATURE - **READ THE ABOVE BEFORE SIGNING!**

TODAY'S DATE

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER*: _____

HOME ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

CITY OF BIRTH: _____ STATE: _____ DATE OF BIRTH: _____

HOME PHONE: _____ CELL: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

(* YOU MUST HAVE A VALID SS CARD TO SATISFY FEDERALLY MANDATED, I-9 REQUIREMENTS)

HOME ADDRESS HISTORY FOR THE PAST 3 YEARS

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

PREVIOUS ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____

DRIVER'S LICENSE INFORMATION

CDL NUMBER: _____ EXP. DATE: _____ STATE OF ISSUE*: _____
 ENDORSEMENTS: _____ MEDICAL CARD EXP DATE: _____
(TJT WILL PROCESS YOUR EMPLOYMENT AS A DRIVER, BUT YOU MUST HAVE A VALID CALIFORNIA, CLASS "A" CDL WITH THE REQUIRED ENDORSEMENTS TO BEGIN WORK AS A COMMERCIAL DRIVER, OR IF YOU HAVE AN OUT OF STATE CDL YOU OBTAIN A CALIFORNIA CDL WITHIN 10 DAYS AFTER YOUR EMPLOYMENT BEGINS. THIS IS STATE AND FEDERAL LAW)*

DRIVER'S EXPERIENCE & QUALIFICATIONS

(Attach separate sheet if necessary)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(Circle all that apply)</small>	DATES		APPROXIMATE MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat, Dump, Lowbed	_____	_____	_____
Tractor & Semi Trailer	Van, Reefer, Tank, Flat, Dump, Lowbed	_____	_____	_____
Tractor & Doubles	Van, Reefer, Tank, Flat, Dump, Lowbed	_____	_____	_____
Other	Description: _____	_____	_____	_____

ACCIDENT HISTORY FOR THE PAST 3 YEARS

(Attach separate sheet if necessary)

<u>DATE</u>	<u>NATURE OF ACCIDENT</u>	<u>No. OF FATALITIES</u>	<u>No. OF INJURIES</u>
Month/Year _____	_____	_____	_____
Month/Year _____	_____	_____	_____
Month/Year _____	_____	_____	_____
Month/Year _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURE

(Attach separate sheet if necessary)

<u>Date Convicted</u>	<u>Violation</u>	<u>State of Violation</u>	<u>Location</u>	<u>Penalty</u> <small>(forfeited bond, collateral and/or points)</small>
Month/Year _____	_____	_____	_____	_____
Month/Year _____	_____	_____	_____	_____
Month/Year _____	_____	_____	_____	_____
Month/Year _____	_____	_____	_____	_____

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 _____

PAST EMPLOYMENT

You must complete this section thoroughly providing at least five years of previous work history. Driver applicants must provide up to ten (10) years of previous, commercial driving experience if applicable. This also includes any relevant military experience.

Current or Most Recent Employer

Employer Name _____ Start Date ___/___/___ End Date ___/___/___

Employer Address _____ City _____ State _____ Zip _____

Name & Phone Number of Immediate Supervisor _____ (____) _____ - _____

Your Job Title & Work Performed _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

2nd Most Recent Employer

Employer Name _____ Start Date ___/___/___ End Date ___/___/___

Employer Address _____ City _____ State _____ Zip _____

Name & Phone Number of Immediate Supervisor _____ (____) _____ - _____

Your Job Title & Work Performed _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

3rd Most Recent Employer

Employer Name _____ Start Date ___/___/___ End Date ___/___/___

Employer Address _____ City _____ State _____ Zip _____

Name & Phone Number of Immediate Supervisor _____ (____) _____ - _____

Your Job Title & Work Performed _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

4th Most Recent Employer

Employer Name _____ Start Date ___/___/___ End Date ___/___/___

Employer Address _____ City _____ State _____ Zip _____

Name & Phone Number of Immediate Supervisor _____ (____) _____ - _____

Your Job Title & Work Performed _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

5th Most Recent Employer

Employer Name _____ Start Date ___/___/___ End Date ___/___/___

Employer Address _____ City _____ State _____ Zip _____

Name & Phone Number of Immediate Supervisor _____ (____) _____ - _____

Your Job Title & Work Performed _____

Reason For Leaving _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Explain Any Periods of Non Employment That Exceed 30 Days _____

(If any additional space is required, attach a separate sheet of paper)

Have you been employed or filed an application with Terry Johnson Trucking before? YES NO
If yes, give date(s) _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in the USA because of Visa or Immigration status? *(Proof of citizenship or immigration status will be required before employment)* YES NO

If you are not a US citizen or are under the age of 18, can you provide proof of your eligibility to work here? YES NO

On what date would you be available to start work? _____

Are you currently on layoff or strike? YES NO

Can you, on short notice, travel if the job requires? YES NO

Can you work nights? YES NO

Have you ever tested positive on a DOT/FMCSA drug screen? YES NO

EDUCATION

Elementary School Years Completed 1 2 3 4 5 6 7 8
 High School Years Completed 9 10 11 12
 College Years Completed 1 2 3 4 5 6 Degree? _____

Other Schools of Interest _____ Date Completed: ____/____/____
(Include all relevant schools. If additional room is required, write on the back of this page)

Languages You Are Fluent In

Describe Any Relevant Specialized Training or Schools You Have Attended

Describe Any Relevant Specialized Military Training

Do You Have Any Relevant Additional Qualifications? _____

Are you physically capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? ___ YES ___ NO

Personal References Not Related To:

Name _____ Phone # (____) _____ - _____
Name _____ Phone # (____) _____ - _____
Name _____ Phone # (____) _____ - _____
Name _____ Phone # (____) _____ - _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange for interview? ___ Yes ___ NO Date ___/___/____ Time ___:___ A.M P.M

Remarks _____

Hired? ___ Yes ___ NO Date of Employment ___ / ___ / _____

Job Title _____ Rate of Pay \$ _____ / _____ Department & Yard _____

Hiring Supervisor _____ Date ___/___/_____

REMARKS: _____

Terry Johnson Trucking, Inc.
31186 W. Gale Avenue
Coalinga, CA 93257
Ph: (559) 935-0371 Fax: (559) 935-5803