

**South Tahoe Refuse Co. Inc., American River Disposal Service, Sierra Disposal Service,  
Douglas Disposal Inc. and Tahoe Basin Container Service Inc.  
2140 Ruth Avenue  
South Lake Tahoe, California 96150**

**COMMERCIAL DRIVER'S APPLICATION FOR EMPLOYMENT**

(please answer all questions - print in blue or black ink only)

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.

**Name:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Position(s) Applied for:** \_\_\_\_\_

List your addresses of residency for the past 3 years.

<b>Current Address:</b>	<b>Street</b> _____	<b>City</b> _____
	<b>State</b> _____	<b>Zip</b> _____
	<b>Phone</b> _____	<b>How long?</b> _____
<b>Previous Address:</b>	<b>Street</b> _____	<b>City</b> _____
	<b>State</b> _____	<b>Zip</b> _____
	<b>How long?</b> _____	
<b>Previous Address:</b>	<b>Street</b> _____	<b>City</b> _____
	<b>State</b> _____	<b>Zip</b> _____
	<b>How long?</b> _____	
<b>Previous Address:</b>	<b>Street</b> _____	<b>City</b> _____
	<b>State</b> _____	<b>Zip</b> _____
	<b>How long?</b> _____	

**Do you have the legal right to work in the United States?** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Can you provide proof of age?** \_\_\_\_\_

**Have you worked for us before?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Dates From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Rate of Pay:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Reason for leaving?** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_ **If not, how long since leaving last employer?** \_\_\_\_\_

**Who referred you to us?** \_\_\_\_\_ **Rate of pay expected:** \_\_\_\_\_

**Is there any reason you might be unable to perform the functions of the job for which you have applied?**

\_\_\_\_\_  
\_\_\_\_\_

**If yes, explain if you wish.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT HISTORY

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 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 another sheet of paper as necessary.)**

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

Name: _____	From: _____ - _____	To: _____ - _____
Address: _____	Position: _____	
City: _____	State: _____	Zip: _____
Contact Person: _____	Phone No. _____	Reason for Leaving: _____

\*Includes vehicles having a GVWR 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.

# PERSONAL HISTORY

Attach another sheet of paper if additional space is needed. If the answer "none" applies, 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 another sheet of paper if additional space is needed.)

## EDUCATION

Circle Highest Grade Completed 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

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER 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," please attach a statement giving details.

DRIVING EXPERIENCE (If none, write none.)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX NO. OF MILES (Total)
		From	To	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER:				

List states operated in for last 5 years: \_\_\_\_\_

Show special courses or training that are driver-related: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

List any trucking transportation or other experience that may help in your work for this company: \_\_\_\_\_

List any courses and training (other than shown elsewhere in this application): \_\_\_\_\_

List special equipment or technical materials you can work with (other than already shown in this application): \_\_\_\_\_

**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, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with this application. In the event of employment, I understand that false or misleading information given in this 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. I understand that applications are destroyed after six (6) months, after which time I can submit a new application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**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 & Traffic Convictions						

Signature of Interviewing Officer: \_\_\_\_\_