COMMERCIAL MOTOR VEHICLE DRIVER APPLICATION FOR EMPLOYMENT

Alpha Petroleum Transport Inc II

Corporate Office

10060 Dawson Canyon Rd, Corona CA 92883

951-545-7374

USDOT # 2169170

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, union affiliation, sexual orientation, the presence of a non-job related medical condition or handicap, or another category protected by law.

DRIVER APPLICANT INFORMATION

Applicant's Name			Date of Application
Current Address	City	State	Zip
Email Address	SSN	Date of Birth	Phone

ADDRESSES FOR THE PAST THREE YEARS (*Prior to date of application*)

1.	Street Address	City	State and Zip	How Long?
2.	Street Address	City	State and Zip	How Long?
3.	Street Address	City	State and Zip	How Long?

GENERAL QUESTIONS

1. Position Applying For:_____ ☐ Full Time ☐ Part Time ☐ Temporary
2. Who Referred You:_____ Rate of Pay Expected: _____
3. Have you worked here before? ☐ YES ☐ NO If yes, from:_____ to_____

Which location:_____ List Position Held:_____ List

Rate of Pay:_____ Reason for Leaving: _____

4. Names of any relatives employed by this company: _____
5. Are you employed now? ☐ YES ☐ NO If not, how long since leaving last employment? _____
6. Are you legally authorized to work in the United States? ☐ YES ☐ NO
7. Have you ever been convicted of a felony involving a commercial motor vehicle? ☐ YES ☐ NO If yes, please explain:

EDUCATION

Type of School *(Elem, High, Tech, College)*	Name of Institution(s)	City and State	Highest Grade Completed or Degree Earned

DRIVING LICENSES FOR PAST (3) YEARS PRIOR TO APPLICATION DATE: *(complete for each license/permit)*

State of Issue	License Number	Expiration Date	Type or Class of License	Endorsements

DRIVING EXPERIENCE IN THE OPERATION OF MOTOR VEHICLES

Equipment Operated	Equipment Type *(please specify)*	# of Years Experience	Approximate Number of Miles Driven (Total)
Tractor Trailer			
Straight Truck			
Bus			
Other:			
Other:			

ACCIDENT RECORD FOR THE PAST (3) YEARS PRIOR TO APPLICATION DATE: IF NONE, WRITE "NONE".

Accident Date *(starting with most recent)*	Nature of Accident *(passenger vehicle, head-on, rear-end, etc.)*	Injuries/Fatalities	Comments

TRAFFIC CONVICTIONS & FORFETURES IN THE PAST (3) YEARS PRIOR TO APPLICATION DATE: *(other than parking)*

IF NONE, WRITE "NONE".

Conviction Date	Location (State)	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ❑ YES ❑ NO

Have you ever had any license, permit, or privilege to operate ever suspended or revoked? ❑ YES ❑ NO

If yes, please explain: _____