

# Essential Freight Systems

5910 Sheila Street  
 Commerce, Ca. 90040  
 (323) 888-0753

## APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY

-- PRINT CLEARLY --

ANSWER ALL QUESTIONS

### PERSONAL INFORMATION:

NAME (LAST NAME, FIRST MIDDLE)			SOCIAL SECURITY NO.:
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PRIOR ADDRESS (If less than 3 years at present address)	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY:		

Who do we notify in case of emergency during working hours? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION:	FULL-TIME <input type="checkbox"/>	DATE AVAILABLE:	NUMBER OF YEARS EXPERIENCE
	PART-TIME <input type="checkbox"/>		
SALARY EXPECTED	ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRED OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO ESSENTIAL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	

Is there any additional information (i.e., 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: \_\_\_\_\_

Prior to employment, can you submit verification of your legal right to work in the United States? \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ For driver position, are you over 25 years of age? \_\_\_\_\_

Dock, driving, yard and shop jobs may require physical agility and heavy exertion and lifting.

Do you have any physical condition which may limit your ability to perform the job applies for?  Yes  No

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

Have you any Relatives Employed by Essential?	Yes <input type="checkbox"/>	If yes, give Names, and Positions
	No <input type="checkbox"/>	

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: \_\_\_\_\_

Have you ever been convicted of a felony? (Such conviction will not necessarily disqualify you from the position applied for) \_\_\_\_\_

Have you ever been convicted of a misdemeanor, which resulted in imprisonment within the last two (2) years? (Such conviction will not necessarily disqualify you from the position applied for) \_\_\_\_\_

**EDUCATION**

SCHOOLS	NAME OF SCHOOL	ADDRESS	GRADUATE OR DEGREE?
Grade			
High			
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: \_\_\_\_\_

**REFERENCES**

Below give the names of three persons you are not related to whom you have know at least one year.

	NAME	ADDRESS (STREET - CITY - STATE)	OCCUPATION	YRS ACQUAINTED
1.				
2.				
3.				

**PREVIOUS EMPLOYMENT**

Give a complete record of all employment and reasons for periods unemployment during the past three (3) years. Start with most recent employment.

CO. USE	EMPLOYERS	ADDRESS	POSITION	EMPLOYE D FROM TO	REASON FOR LEAVING
REF. CK.	(LIST LAST ONE FIRST)				

ALL DRIVER LICENSES HELD LAST 3 YEARS	STATE	LICENSE NO.	CLASS	EXPIRATION DATE

**COMMERCIAL DRIVER APPLICANTS - GENERAL DRIVING RECORD**

**DRIVING EXPERIENCE RECORD**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - two Trailers				
Other				

**ACCIDENT RECORD FOR PAST THREE (3) YEARS**

MONTH-YEAR	TYPE ACCIDENT	TYPE EQUIP.	DEATH OR INJURIES	CITY OR COUNTRY	NIGHT OR DAY	EMPLOYER

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

LOCATION	DATE	CHARGE	PENALTY

Has your license ever been revoked/suspended in last three (3) years: \_\_\_\_\_ Give statement of circumstances: \_\_\_\_\_  
 \_\_\_\_\_

To date, I have driven trucks for \_\_\_\_\_ years, covering approx. \_\_\_\_\_ miles. The date of my last accident, while driving a commercial vehicles, was \_\_\_\_\_. Since that time, I have driven approx. \_\_\_\_\_ accident free miles.

**SAFE DRIVING AWARDS, ETC.**

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

**CLERICAL / RECEPTIONIST APPLICANT - CLERICAL EXPERIENCE & QUALIFICATIONS**

List courses and training in maintenance work: \_\_\_\_\_

Indicate training and Experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Typing (wpm)			Photocopier		
Billing			Bookkeeping Machine		
Filing			Switchboard Equipment (indicate type)		
Computers (indicate Software)			Tabulator		
Word Processing Equipment			Accounting		
Calculator			OS & D		
			Claims		
			Dispatcher		

Rates (indicate tariffs with which you have worked) \_\_\_\_\_  
 \_\_\_\_\_

**WAREHOUSE APPLICANT - PLATFORM EXPERIENCE & QUALIFICATIONS**

List types of Platform experience and number of years of each \_\_\_\_\_  
 \_\_\_\_\_  
 List platform equipment you can operate (lift truck, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 List courses or training in platform work \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT: READ AND SIGN BEFORE SUBMITTING THIS APPLICATION:**

**AUTHORIZATION:**

I authorize Essential Freight California, Inc., or its agents 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 names herein from all liability for any damages on account of his/her furnishing such information.

I understand that misrepresentation or omission of facts called for on this employment application will, if hired, be cause for termination.

Labor Code Section 2922 states that employment, having no specified term, may be terminated at the will of either party. Essential Freight California, Inc., 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 the conditions upon which an offer of employment is made.

\_\_\_\_\_ Date

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

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**REMARKS**

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

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
INTERVIEWING MANAGER TERMINAL MANAGER