



APPLICATION FOR EMPLOYMENT

PO Box 5126 Phone (209) 948-4061
 Stockton, CA 95205 Fax (209) 547-1109
 Website www.reevetrucking.com

In compliance with Federal & State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

PLEASE PRINT

Position(s) Applying For:	Date of Application:
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Other _____	

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS NUMBER & STREET NAME	CITY & STATE	ZIP CODE
TELEPHONE NUMBER(s):		SOCIAL SECURITY NUMBER:

- If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO
- Have you ever filed an application with us before? YES NO
If YES, give date: _____
- Have you ever been employed with us before? YES NO
If YES, give date: _____
- Are you currently employed? YES NO
- May we contact your present employer? YES NO
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship will be required upon employment* YES NO



CONTINUED

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NAME:	DATE:
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On what day would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Shift Work

Are you currently on "Lay-Off" status and subject to recall? YES NO

Can you travel of the job require you to? YES NO

Have you been convicted of a felony within the last 7 years? YES NO

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, and/or extra curricular activities:

Describe any job-related training you received in the United States military:

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or any other protected status.

1.	Employer:		Dates Employed		Work Performed:
	Address:		From:	To:	
	Telephone Number(s):				
	Job Title:	Supervisor:	Hourly Wage/Salary		
			Starting:	Final:	
Reason for Leaving:					

2.	Employer:		Dates Employed		Work Performed:
	Address:		From:	To:	
	Telephone Number(s):				
	Job Title:	Supervisor:	Hourly Wage/Salary		
			Starting:	Final:	
Reason for Leaving:					

3.	Employer:		Dates Employed		Work Performed:
	Address:		From:	To:	
	Telephone Number(s):				
	Job Title:	Supervisor:	Hourly Wage/Salary		
			Starting:	Final:	
Reason for Leaving:					

If you need additional space, please use a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or any other protected status:

PRE-EMPLOYMENT URINALYSIS NOTIFICATION

The Federal Motor Carrier Safety Regulations, Section 391.103 -- pre-employment testing requirements apply to driver applicants of this company.

391.103 Pre-Employment Requirements:

- a) A motor carrier shall require a driver applicant whom the motor carrier intends to hire or use, be tested for the use of controlled substances as a prequalification condition.
- b) A driver applicant shall submit to controlled substance testing as a prequalification condition.
- c) Prior to collection of a urine sample under **391.107** of this subpart, a driver applicant shall be notified that the sample will be tested for the presence of a controlled substance.

As a condition of my employment, I agree to the urine sample collection and controlled substance testing.

I understand a positive test for any controlled substances based on the Urinalysis Test will medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative and positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Notification.

Applicant's Name (Type or Print)

Applicant's Signature

Month

Day

Year

Witnessed By:

Company Representative's Signature

Month

Day

Year

APPLICANT'S STATEMENT

Please read verbiage below, sign and date.

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. This application for employment shall be considered for a period of time not to exceed **45 days**. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant's Signature: _____ **Date:** _____

REQUEST FOR INFORMATION – FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to ***Reeve Trucking Company, Inc.*** for the purpose of investigation to verify application qualifications as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

You are released from any and all liability, which may result from furnishing such information. I will not hold previous employers liable for any information in this release.

Print Name: _____

Applicant's Signature: _____ **Date:** _____

Name & Address of Previous Employer:

Prospective Employer:

Telephone No: (209) 948-4061

Fax No: (209) 940-2634

bcostanza@reevetrucking.com

spike@reevetrucking.com

Name of Applicant: _____

Social Security No. _____ **Date of Birth:** _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as _____ and states that he/she /was employed by you as a _____ from (m/y) _____ to (m/y) _____.

We appreciate your time in completing, in confidence, the information requested below.

Thank you for your courtesy.

Sincerely, ***Recruiting Department***

- Employed from (m/y) _____ to (m/y) _____ as a(n) _____ at a wage/salary of _____.
- What type of engines did he/she work on? Cat Cummins Detroit NA
- What type of welding did he/she perform? MIG TIG ARC Other _____ NA

	Excellent	Good	Fair	Poor	NA
4. Wiring Skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Welding Skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Transmissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR INFORMATION – FROM PREVIOUS EMPLOYER

(Continued)

	Excellent	Good	Fair	Poor	NA
7. Rear Ends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Air Brake Systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Knowledge of welding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Fabrication skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was he/she safe and efficient? _____					
12. Was his/her general conduct satisfactory? _____					
13. Reason for leaving:	<input type="checkbox"/> Discharge	<input type="checkbox"/> Resignation	<input type="checkbox"/> Lay-Off	<input type="checkbox"/> Military Duty	

CHARACTERISTICS:

	Excellent	Good	Fair	Poor	NA
1. Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other remarks:

Signature: _____

Title: _____

Date: _____