



12910 MULBERRY dRIVE
WHITIER, CA 90604

ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARTIAL STATUS, VETERAN STATUS, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PLEASE ANSWER ALL QUESTIONS.

DATE OF APPLICATION: _____ POSITION APPLIED FOR: _____

LAST NAME		FIRST NAME		MIDDLE
ADDRESS	STREET	CITY	STATE	ZIP CODE
HOW LONG AT THIS ADDRESS				
TELEPHONE NUMBER (AREA CODE FIRST)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	

Residence: Previous 3 Years:

ADDRESS CITY STATE ZIP CODE HOW LONG AT THIS ADDRESS

ADDRESS CITY STATE ZIP CODE HOW LONG AT THIS ADDRESS

ARE YOU A CITIZEN OF THE UNITED STATES OR ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES??

☐ YES ☐ NO

WHEN CAN YOU BEGIN WORKING? _____.

ARE YOU AVAILABLE TO WORK ALL SHIFTS, ANY DAY OF THE WEEK? _____

☐ YES ☐ NO IF NO, EXPLAIN: _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?

☐ YES ☐ NO IF YES, MONTH AND YEAR: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

☐ YES ☐ NO IF YES, EXPLAIN AND DATES: _____

HAVE YOU EVER TESTED POSITIVE FOR CONTROLLED SUBSTANCES OR ALCOHOL?

☐ YES ☐ NO IF YES, EXPLAIN AND DATES: _____

IN CASE OF AN EMERGENCY, NOTIFY: _____
NAME RELATIONSHIP PHONE NUMBER

EXPERT TRANSPORTATION LLC

WORK HISTORY

Begin with your present or most recent company worked for and work backward in order by date, listing all the companies for the last 10 years and including all full and part time work history. All time must be accounted for including military service, school, self-employment, and periods of unemployment. **WE MUST HAVE TELEPHONE NUMBERS FOR ALL EMPLOYERS.**

WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED WITH THIS COMPANY? ☐ YES ☐ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING DRUG/ALCOHOL TESTING? ☐ YES ☐ NO

ARE YOU PRESENTLY EMPLOYED? ☐ YES ☐ NO

MAY WE CONTACT YOUR CURRENT EMPLOYER: ☐ YES ☐ NO

EMPLOYER: _____

SUPERVISOR: _____

ADDRESS, CITY, STATE: _____

TELEPHONE: _____

POSITION HELD: _____

RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____

NUMBER OF STATES DRIVEN IN: _____

DATES OF EMPLOYMENT
LIST MONTH & YEAR

FROM: _____

TO: _____

WHY DO YOU WANT TO CHANGE EMPLOYERS? _____

WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED WITH THIS COMPANY? ☐ YES ☐ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING DRUG/ALCOHOL TESTING? ☐ YES ☐ NO

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS, CITY, STATE: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT
LIST MONTH & YEAR

FROM _____

TO _____

WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED WITH THIS COMPANY? ☐ YES ☐ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING DRUG/ALCOHOL TESTING? ☐ YES ☐ NO

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS, CITY, STATE: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT
LIST MONTH & YEAR

FROM _____

TO _____

EXPERT TRANSPORTATION LLC

WORK HISTORY

WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED WITH THIS COMPANY? ☐ YES ☐ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING DRUG/ALCOHOL TESTING? ☐ YES ☐ NO

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS, CITY, STATE: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT
LIST MONTH & YEAR

FROM _____

TO _____

WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED WITH THIS COMPANY? ☐ YES ☐ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING DRUG/ALCOHOL TESTING? ☐ YES ☐ NO

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS, CITY, STATE: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT
LIST MONTH & YEAR

FROM _____

TO _____

WERE YOU SUBJECT TO THE FMCSR WHILE EMPLOYED WITH THIS COMPANY? ☐ YES ☐ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION REQUIRING DRUG/ALCOHOL TESTING? ☐ YES ☐ NO

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS, CITY, STATE: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT
LIST MONTH & YEAR

FROM _____

TO _____

EXPERT TRANSPORTATION LLC

EDUCATION

LIST ANY EDUCATION, VOCATIONAL, ON-THE-JOB, OR OTHER TRAINING YOU HAVE RECEIVED WHICH YOU WOULD LIKE TO BE CONSIDERED IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION YOU ARE APPLYING FOR.

CHECK THE HIGHEST GRADE COMPLETED: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 COLLEGE:

☐ 2 ☐ 3 ☐ 4

TRUCK DRIVING SCHOOL	NAME:	GPA	CLASS RANKING	
	CITY:			
	STATE:			
	PHONE:			

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ YES ☐ NO IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? OYES ☐ NO

IF YES, EXPLAIN: _____

DO YOU POSSESS A COMMERCIAL DRIVERS LICENSE: YES ☐ NO ☐ CLASS: _____ WHAT ENDORSEMENTS?

ANY RESTRICTIONS? _____

DRIVERS LICENSE NUMBER: _____

EXPIRATION DATE: _____ STATE: _____

LIST ALL DRIVERS LICENSES HELD IN THE PAST THREE (3) YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE	

TRAFFIC CONVICTIONS AND FORFEITURES

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES OR SUSPENSIONS OF A LICENSE IN A MOTOR VEHICLE (OTHER THAN PARKING) FOR THE LAST 3 YEARS. IF NONE, WRITE NONE.

DATE	STATE	CHARGE	FOR SPEED LIST M.P.H. OVER LIMIT	PENALTY

ACCIDENT RECORD

LIST ALL ACCIDENTS/INCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A TRUCK, CAR, MOTORCYCLE, OR OTHER MOTORIZED VEHICLE INCLUDING PROPERTY DAMAGE. INCLUDE ALL ACCIDENTS/INCIDENTS WHETHER YOUR AT FAULT OR NOT FOR THE LAST 3 YEARS. IF NONE, WRITE NONE.

DATE	NATURE OF ACCIDENT HEAD-ON, REAR-END, ROLL OVER, ETC.	WERE YOU AT FAULT	FATALITIES	INJURIES

EXPERT TRANSPORTATION LLC APPLICANT CERTIFICATION

I hereby certify that all questions answered are correct and authorize EXPERT TRANSPORTATION. to contact my former employers, references furnished, and all other sources that they see fit in order to verify the facts and information furnished with regard to my character and qualifications. Included in these qualifications will be the appropriate documents furnished by me verifying citizenship or valid authority to work in the United States. These will be furnished in conjunction with the immigration reform and control act of 1986 and/or other applicable laws. In addition, I understand that a preemployment physical, controlled substance screening, and breath alcohol tests may or may not be preformed and will be part of the determination of my ability to perform in the position for which I am applying. I understand that the completion of this form or any other application form of the company does not assure me a position with said company or obligates the company in any way. I understand that any misleading, incorrect, or omitted statements may render this application void, and would be cause of immediate discharge. I certify that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I agree to submit a urine sample and/or specimen for testing and agree to breathe alcohol tests for the purpose of screening for pre-employment medical qualifications and thereafter as warranted by EXPERT TRANSPORTATION. policy or Federal Regulatory agencies. I agree to submit to blood testing for controlled substances and alcohol testing if it becomes necessary.

DATE: X

SIGNATURE OF APPLICANT

As a carrier regulated by the FMCSA, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a motor carrier to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

☐ **YES**, I HAVE TESTED POSITIVE FOR DRUGS/ALCOHOL, OR REFUSED TO TAKE A PRE-EMPLOYMENT DRUG/ALCOHOL TEST IN THE TWO YEARS PRECEDING THE DATE OF THIS APPLICATION.

☒ **NO**, I HAVE NOT TESTED POSITIVE FOR DRUGS/ALCOHOL, OR REFUSED TO TAKE A PRE-EMPLOYMENT DRUG/ALCOHOL TEST IN THE LAST TWO YEARS PRECEDING THE DATE OF THIS APPLICATION.

Our company policy is zero tolerance for violations of the controlled substance and/or alcohol regulations. Any positive tests (pre-employment, random, post-accident) will result in this application being denied.

This certifies that all information therein is true and complete to the best of my knowledge; I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

DATE _____

APPLICANT SIGNATURE