

APPLICATION FOR EMPLOYMENT

**LAKESIDE SPECIALIZED TRANSPORTATION
P.O. Box 1341, VERDI, NV 89439**

Date of application _____

Name _____ **SSN:** _____

Current Address _____

Address for _____
Past Three
Years _____

Date of Birth _____

Phone Number _____ **Cell #** _____

Name of person to notify in case of emergency _____
Phone number _____ **Relationship** _____

Have you ever worked for this company before? _____
If yes, when? _____

Highest educational level reached: (circle one) 8 9 10 11 12 13 14 15 16

Please list all tickets that you have received in the past 3 years:

Date of citation	Nature of offense
_____	_____
_____	_____
_____	_____
_____	_____

Please list all accidents/incidents that you have been involved in during the past 3 years. List all incidents regardless of fault

Date of accident	Brief description of accident	Location of accident
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any license suspensions or revocations that you have received in the past 3 years

Date	Cause	Date reinstated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current drivers license:

State of issue _____ License number _____ Expiration date _____

List all states that you have held licenses in during the past 3 years

State	License Number
_____	_____
_____	_____
_____	_____

List all driving experience

	Dates	
Straight truck:	From _____	To _____
Tractor Trailer:	From _____	To _____

Do you have experience with the following? If so, please list dates.

Ten Wheelers	_____
End Dump	_____
Bottom Dump	_____
Bottom Dump Trains	_____
Water Truck	_____
Low Beds	_____
Transfers	_____
Heavy Haul	_____

Have you ever been convicted of a felony? If so, please list charge and date.

Do you use any form of drugs or narcotics that could interfere with your ability to operate a commercial motor vehicle safely? _____

Have you attended any truck driving training schools? If yes, please list dates and names.

Are you willing to join the union on specified jobs? _____

Past employment history

Please list all employment and/or companies leased to in the past 3 years and/or Commercial Driving Experience for the past 10 years. Periods of unemployment must also be accounted for. Begin with the most recent employer and work back.

Phone numbers and addresses are required

Employer _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Employer _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Employer _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

Employer _____ Phone number _____
Address _____
Supervisor _____ Dates employed: From _____ To _____
Reason for leaving _____

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any falsified, misleading, or untrue statements will result in my not being granted a safety clearance. I also understand that if at any future date any of the above information is deemed to have been false, that my safety clearance may be revoked at that time. By my signature below, I grant permission for the company that I am applying to permission to investigate my background and past employment.

Applicant signature _____ Date _____