

CPS Express, Inc.
P.O. Box 248
Mira Loma Space Center
Mira Loma, CA 91752
Phone #: (951) 685-1041
Fax #: (951) 685-3944



DRIVER APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital status, medical condition, sexual orientation, ancestry, disability, handicap, or any other status protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL: Date _____

Name _____
Last First Middle (Other names you have worked under)

Social Security #: _____ Telephone #: () - _____

Address: _____
No. Street City State Zip

Position(s) applied for: _____

Email Address: _____

Drivers License # _____ Class _____ State _____ Endorsements _____

License revoked or suspended in last 3 Years: Yes No Are you 23 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No (if hired, verification will be required)

Available for Work:
 Full Time, Part Time, Temporary, Hours per week available to work _____ Shift preferred _____

Salary/Wages desired: \$ _____ per Hr. Wk. Mo. Yr. Date available to start work _____

Have you worked for us before? Yes No If yes, when? _____

Are you related to any employee? Yes No

Who? _____ Who referred you? _____

Are you employed at the present time? Yes No If hired, will you work overtime if required? Yes No

Have you ever been fired or asked to resign from a job? Yes No Explain: _____

Have you been convicted of or pled guilty or "no contest" to a crime (Excluding marijuana convictions over 2 years old, traffic offenses, and those which have been sealed)? Yes No

If yes, list convictions: (A conviction does not necessarily disqualify an applicant) _____

Do you currently use illegal drugs? Yes No

Indicate special qualifications or skills (Computer skills, equipment, etc.) _____

EDUCATION:	Name and Location of School	Course of Study	Year Graduated?	Did you finish?
High School			Do Not Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		Major: Degree:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Study				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Vocational, Technical, etc.)				<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Languages You Can Speak, Read and/or Write (if relevant to job)			
	Fluent	Good	Fair
Speak:			
Read:			
Write:			

PRIOR EMPLOYMENT: (Start with the most recent employer)

Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address: City, State, Zip	Position:		
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:	Starting Pay:	Final Pay:	
Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address: City, State, Zip	Position:		
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:	Starting Pay:	Final Pay:	
Employer:	Phone () -	From (Mo/Yr)	To (Mo/Yr)
Address: City, State, Zip	Position:		
Duties	Supervisor:		
	Supervisor's Title:		
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Address: City, State, Zip	Position:		
Duties	Supervisor:		
	Supervisor's Title:		
Reason for Leaving:	Starting Pay:	Final Pay:	

WORK REFERENCES:

Name	Relationship	Years Known	Telephone
			() -
			() -
			() -

I, undersigned, state that all information given by me in this application is true to the best of my knowledge, and I authorize the Company to verify such information with any present or former employer, school, police department, financial institution, credit agency, or any other government agency or persons having personal knowledge about me. Should I be employed by the Company, I agree that: failure to abide by Company rules and regulations, failure to pass any Company physical examination, and falsification of any information given by me in this application or in other company documents, will entitle the Company to terminate my employment.

I understand and agree this application does not constitute an employment contract of any kind. Should I be employed by the Company, I may resign such employment at any time, at my discretion, with or without prior notice and the Company may transfer, reassign, suspend, demote me, or otherwise amend our employment relationship or terminate my employment at any time, at its discretion, with or without cause and with or without prior notice. I understand and agree that no agreement which is contrary to any of the matters stated above shall be effective unless it is contained in a specific, express written contract signed by the President of the Company and me.

Date _____ Signature of Applicant _____