

CPS EXPRESS, INC.

Thank you for your interest in employment with CPS Express, Inc. An employment application is included with this file. Please complete the application and send it back via email at safetyasst@cpsexpress.com or fax to 951 685 3944.

If you are Applying for a driver job, be sure to include the following:

- 1] Current DMV print out -- "H6" 10 year history
- 2] Copy of Driver License
- 3] Copy of SS card
- 4] Copy of current medical card.

Additionally, you may include any other documents that would help distinguish you from others or identifies employment milestones and awards that you are proud of.

Thanks again – we hope to hear from you soon.

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (Print) _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

In compliance with Federal and 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.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

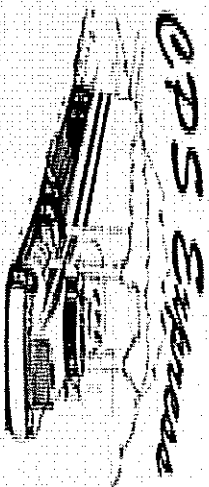
FOR COMPANY USE PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

CPS Express, Inc.
P.O. Box 248
Mira Loma Space Center
Mira Loma, CA 91752
Phone #: (909) 685-1041
Fax #: (909) 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: _____

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 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? Do Not Complete	Did you finish? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<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:	
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 _____