



CDL Application for Employment

Sierra Pallet is a ZERO drug and alcohol employer. Sierra Pallet may require pre-employment drug screening at Sierra Pallet's discretion.

Sierra Pallet is an equal opportunity employer. We do not discriminate against any employee or job applicant because of race, color, religion, national origin, sex, physical or mental disability, or age.

This application is in accordance to FMCSA regulations as a registered Motor Carrier.

Please return the following with application to be considered: Recent DMV Printout, Medical Card, & License

First Name: _____

Last Name: _____

Date of Birth: _____

(Under the Age Discrimination in Employment Act (ADEA), Sierra Pallet will only use the above information to ensure that any persons hired at Sierra Pallet is over the age of 18 years or older. Under no circumstances will this information be used to disqualify any person over the age of 40 and up.)

Address(es) for the past 3 years:

Address	City	State	Zip Code	Dates of Occupancy
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Address	City	State	Zip Code	Dates of Occupancy
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Address	City	State	Zip Code	Dates of Occupancy
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Phone Number: _____

Email Address (optional): _____

Were you referred by a current employee (if so, please provide their name): _____

Are you legally eligible to work in the United States? Yes No

Do you (OR a member of your family) have any obligations that would prevent you from working a shift of 7:00 A.M. to 3:30 P.M., Monday through Friday? Yes No

If yes, please clarify: _____

Can you repeatedly lift 50 pounds? Yes No

Do you understand and employ proper lifting techniques? Yes No

10 Year Employment History

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ Rate of Pay: Start _____ End _____

Dates of Employment: From _____ To _____

Job Duties /Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ Rate of Pay: Start _____ End _____

Dates of Employment: From _____ To _____

Job Duties /Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ Rate of Pay: Start _____ End _____

Dates of Employment: From _____ To _____

Job Duties /Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ Rate of Pay: Start _____ End _____

Dates of Employment: From _____ To _____

Job Duties /Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Employer Phone #: _____ Rate of Pay: Start _____ End _____

Dates of Employment: From _____ To _____

Job Duties /Experience: _____

Reason for Leaving: _____

What types of Equipment do you have experience operating:

Other Qualifications: _____

Driving History

List all motor vehicle accidents in which you were involved during the past 3 years, specify the date and nature of each accident and any fatalities or personal injuries it caused:

List of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the past 3 years:

Education:

High School: _____

Name

Address

Date of Graduation: _____ or Date and last year Completed: _____

College/Trade School: _____

Name

Address

Date of Graduation: _____ or Date and last year Completed: _____

Professional References:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

MVR RELEASE CONSENT FORM

In conjunction with my employment, at Sierra Pallet (“the company”),
I _____ (employee/applicant name) Consent to the release of
(print name)
my Motor Vehicle Record (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to the position for which I am applying. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq.. “Federal Drivers Privacy Protection Act”, and is intended to constitute “written consent” as required by this Act.

Employee/Applicant Signature

Date

Date of Birth

Social Security Number (last 4 digits)

Drivers' License Number

License Expiration Date

Issuing State