

GRIGGS COMPANY FREIGHT LINES

3636 Highway 86
Brawley, CA 92227

1855 East 27th Street
Vernon, CA 90058

(800) 344-6141 * (760) 344-6141 * Fax (760) 344-6140

www.griggasco.com

Employee Information:

Name	<input type="text"/>		
Phone#	<input type="text"/>	Cell Phone #	<input type="text"/>
Soc. Sec.	<input type="text"/>	Date of Birth	<input type="text"/>
License #	<input type="text"/>	Class	<input type="text"/>
		Expiration Date	<input type="text"/>

Current driver's licenses issued by what States

Please mark the appropriate statement below:

- I have never had my license, permit, or driving privilege denied, revoked or suspended.
- I have had my license, permit, or driving privilege denied, revoked or suspended for the following reasons:

Current Residential Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

Mailing Address (if different than above)	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

Other address you have resided at during the past 3 years:
(use additional sheet of paper if necessary)

Address (Residential)	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

Address (Residential)	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

In case of emergency, notify:

Name	<input type="text"/>	Phone	<input type="text"/>
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RECORD OF PRESENT AND PREVIOUS EMPLOYMENT:

Per part 391.21 in the DOT Federal Motor Carrier Safety Regulations, please provide requested information on past employment for the last 3 years. If you operated commercial motor vehicles beyond 3 years ago, please provide the requested information for up to 10 years ago. Use an additional sheet of paper, if necessary. (You may attach a résumé if it contains all the requested information.)

Current or most recent employer:

Company Name

Dates Employed with this company **From** **To**

Address

City **State** **Zip Code**

Phone # **Fax #**

Supervisor **Your Position**

Reason for leaving

Previous Employers:

Company Name

Dates Employed with this company **From** **To**

Address

City **State** **Zip Code**

Phone # **Fax#**

Supervisor **Your Position**

Reason for leaving

Company Name

Dates Employed with this company **From** **To**

Address

City **State** **Zip Code**

Phone # **Fax#**

Supervisor **Your Position**

Reason for leaving

EXPERIENCE:

Truck driving experience: Years

Have you driven a truck-tractor and semi-trailer? Yes No

Other equipment you have operated

Have you loaded and/or hauled produce before? Yes No

Have you loaded and/or hauled dry freight before? Yes No

Do you have forklift experience? Yes No

Do you have electric pallet jack experience? Yes No

Are you familiar with the LA Produce market? Yes No

Have you ever had an accident? Yes No

List all motor vehicle accidents in which you were involved during the past 3 years including date, nature of the accident and if there were any fatalities or injuries: (Use an additional sheet of paper, if necessary.)

HISTORY OF MOTOR VEHICLE VIOLATIONS:

List all violation of motor vehicle laws or ordinances (other than parking) in which you were convicted or forfeited bond or collateral during the past 3 years.

PHYSICAL/MEDICAL HISTORY:

Describe any major illness, injury or surgery you may have had in the past 5 years:

Please explain any physical, mental or medical impairment or disability that may affect or limit your job performance

Are you taking any medications at this time? Yes No **If yes please explain**

DRUG SCREENING:

Do you understand that a urine drug screen with a negative result will be required if a position is offered? Yes No

By signing this application I am certifying that it 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

**** Please include a current DMV printout**