

**Frank Smith Trucking  
21780 Temescal Canyon  
Corona, CA 92883  
(951) 277-8440**

**APPLICATION FOR EMPLOYMENT**

*Frank Smith Trucking is an Equal Opportunity Employer. We do not unlawfully discriminate against any applicant on the basis of race, color, religion, sex, national origin, age, sexual orientation, disability or any other category protected by federal, state or local law.*

**GENERAL INFORMATION**

Please Print Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

If hired, what date can you start work? \_\_\_\_\_

Are you available to work:  Full-time  Part-time  Temporary  Overtime  Weekends

Are you on a lay-off or subject to recall?  Yes  No

Do you have a reliable means of transportation to and from work?  Yes  No

Pay Desired: \$ \_\_\_\_\_

Referral Source:  Advertisement  Employee  Walk-in  Friend/Relative  
 Employment Agency  State Employment Office  Other

If you are under 18, can you furnish a work permit?  Yes  No

Have you applied to or worked for us before?  Yes  No

If yes, give date/position: \_\_\_\_\_

Why are you applying for work with us? \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties of the position you are applying for, with or without reasonable accommodation?  Yes  No

If no, describe the functions that can't be performed: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your recent employer (last 5 years is sufficient). You must complete this section even if attaching a resume.

<hr/> <b>Employer Name</b>	<hr/> Phone Number
<hr/> Type of Business	<hr/> Supervisor's Name
<hr/> Address	<hr/> City <hr/> State <hr/> Zip
Employment Dates:    From <hr/>	To <hr/>
<hr/> Position and Duties	
<hr/> Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

<hr/> <b>Employer Name</b>	<hr/> Phone Number
<hr/> Type of Business	<hr/> Supervisor's Name
<hr/> Address	<hr/> City <hr/> State <hr/> Zip
Employment Dates:    From <hr/>	To <hr/>
<hr/> Position and Duties	
<hr/> Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

<hr/> <b>Employer Name</b>	<hr/> Phone Number
<hr/> Type of Business	<hr/> Supervisor's Name
<hr/> Address	<hr/> City <hr/> State <hr/> Zip
Employment Dates:    From <hr/>	To: <hr/>

---

Position and Duties

---

Reason for Leaving

May we contact this employer for a reference?    \_\_\_Yes            \_\_\_No

---

---

**Employer Name**

---

Phone Number

---

Type of Business

---

Supervisor's Name

---

Address

---

City

---

State

---

Zip

Employment Dates:    From \_\_\_\_\_

To: \_\_\_\_\_

---

Position and Duties

---

Reason for Leaving

May we contact this employer for a reference?    \_\_\_Yes            \_\_\_No

---

Please explain any gaps in your employment history \_\_\_\_\_

---

**SPECIAL SKILLS AND QUALIFICATIONS**

Please describe any actual experience, special training or qualifications that you feel are relevant to the position for which you are applying:

---

---

---

**EDUCATION**

---

**High School Name**

---

No of Yrs

---

Graduate Y/N

---

Degree

---

Address

---

City

---

State

---

Zip

---

**College/University Name**

---

No of Yrs

---

Graduate Y/N

---

Degree

---

Address

---

City

---

State

---

Zip

_____ <b>Vocational/Business Name</b>	_____ No of Yrs	_____ Graduate Y/N	_____ Degree
_____ Address	_____ City	_____ State	_____ Zip

Include subjects of special study, research work, special training skills, or qualifications which you believe may be helpful to us in considering your application (e.g., paid experience as/performing: administrative assistant, clerical, customer service, data entry, equipment operator, mechanic, plant operator, receptionist)

---



---



---

### PERSONAL REFERENCES

Please list at least three persons who know you well – not previous employers or relatives.

_____ <b>First Name</b>	_____ <b>Last Name</b>	_____ <b>Phone Number</b>	
_____ Street	_____ City	_____ State	_____ Zip Code
_____ Occupation		_____ Number of Years Acquainted	

_____ <b>First Name</b>	_____ <b>Last Name</b>	_____ <b>Phone Number</b>	
_____ Street	_____ City	_____ State	_____ Zip Code
_____ Occupation		_____ Number of Years Acquainted	

_____ <b>First Name</b>	_____ <b>Last Name</b>	_____ <b>Phone Number</b>	
_____ Street	_____ City	_____ State	_____ Zip Code
_____ Occupation		_____ Number of Years Acquainted	

**Please Read Carefully, Initial Each Paragraph, and Sign Below**

I hereby certify that I have not unknowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of time elapsed before discovery.

Initials \_\_\_\_\_

I hereby authorize Frank Smith Trucking, Inc. to thoroughly investigate my references, work record, education, and other matters to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Initials \_\_\_\_\_

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself, or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

Initials \_\_\_\_\_

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's name

## **Applicant's Statement, Agreement and Signature**

Work Rules. In the event of my employment with Frank Smith Trucking, I agree to comply with all rules and regulations of Frank Smith Trucking.

Drug/Alcohol Test. I understand that Frank Smith Trucking reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to Frank Smith Trucking. I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

Background Investigation. I understand that Frank Smith Trucking' consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

Arbitration Agreement. I understand that as a condition of employment, I will be asked to sign an arbitration agreement. I understand that should I decline to sign an arbitration agreement, my application for employment may be rejected or my employment may be terminated.

At Will Employment. If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by Frank Smith Trucking (employer) at any time and for any reason whatsoever, with or without good cause at the option of either Frank Smith Trucking or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of Frank Smith Trucking or his designee. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and Frank Smith Trucking.

I understand that if I am offered employment at Frank Smith Trucking, I will be required to provide evidence of my identity and authorization for employment in the United States.

I understand that if I am hired by Frank Smith Trucking and my employment subsequently ends, Frank Smith Trucking may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

**I certify that all of the information that I have provided on this application is true and accurate.**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Applicant**

**Consumer Report / Investigative Consumer Report  
Disclosure and Release of Information Authorization**

**Applicant's Current Information**

Name:

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Address:

\_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

How long have you lived at this address? \_\_\_\_\_ *If less than 7 years, list previous addresses below*

Home Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellular Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**Previous Names and Addresses**

If you have used more than one name (married, maiden, etc.), please be sure the correct names(s) are listed with the corresponding address. Please indicate at which addresses you used more than one name due to a marriage or divorce. ADDRESS HISTORY MUST COVER 7 YEARS. Please use additional sheets as necessary.

Name(s): \_\_\_\_\_ Dates you lived there \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Name(s) \_\_\_\_\_ Dates you lived there \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Name(s): \_\_\_\_\_ Dates you lived there \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

I would like a copy of my report  Yes  No

In conjunction with my employment, I authorize Advanced Research Systems ("ARS") to procure a Consumer Report. I hereby authorize ARS to solicit information about my personal background, including but not limited to previous employment, civil records, military service, workers compensation, education, professional licenses, and any other information requested by the prospective employer. I understand that such a report may contain information about my mode of living, background, and personal character. I hereby release all persons, companies, and corporations, from any and all liabilities resulting from providing the prospective employer and/or its designees this information.

I may request a copy of any report that is prepared regarding me and I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act". According to the FCRA, I am entitled to know if employment has been denied because of information contained in a consumer report and if

employment is denied, I will be notified and provided with the name and address of the consumer reporting agency:

Advanced Research Systems, 1867 Ygnacio Valley Rd., Suite 129, Walnut Creek, CA 945698.  
1-888-239-3040

I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
***Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.***

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

**TYPE OF BUSINESS:**

**CONTACT:**

1. Consumer Reporting Agencies, creditors and others not listed below.

Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

2. National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name.

Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20216 (800) 613-6743

3. Federal Reserve Member Banks (except national banks and federal branches/agencies of foreign banks).

Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 (888) 851-1920

4. Savings associations, and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name

Office of Thrift Supervision Consumer Complaints Washington, DC 20552 (800) 842-6929

5. Federal credit unions ( words “ Federal Credit Union” appear in institution’s name

National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 (703) 519-4600

6. State chartered banks that are not members of the Federal Reserve System

FDIC Consumer Response Center 2345 Grand Ave, Suite 100 Kansas City, MO 64108-2638 (877) 275-3342

7. Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation Office of Financial Management Washington DC 20590 (202) 366-1306

Department of Agriculture Office of Deputy Administrator – GIPSA Washington DC 20250 (202) 720-7051