

Driver's Application for Employment

Vista Energy Transport
10981 San Diego Mission Road Suite 105
San Diego, CA 92108
PH 760.607.0242 FAX 760.607.0247

Please answer all questions

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, or non-job related disability.

Date of application _____

Position desired _____

Name _____
Last First M.I.

Social Security # _____

Email address _____

List your home addresses for the past 3 years.

Current Address

_____ Street _____ City _____
_____ Phone _____ How long? _____
State _____ Zip Code _____
_____ How long? _____

Previous
Addresses
3 yrs

Street _____ City _____ State & Zip _____
_____ How long? _____
Street _____ City _____ State & Zip _____
_____ How long? _____
Street _____ City _____ State & Zip _____

Do you have the legal right to work in the United States? _____

Date of birth: _____/_____/_____

Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ When? _____

Dates: From _____ To _____ Rate of pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the function of the job for which you have applied?

If yes, explain if you wish: _____

All drivers to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 7 years information on those employers for whom the applicant operated such vehicle.

List past employers starting with the most recent.

Employer		Dates	
Name _____	_____	From Mo Yr	To Mo Yr
Address _____	_____	Position Held	
City _____ State _____ Zip _____	_____	Salary/Wage	
Contact person _____ Phone _____	_____	Reason for leaving	
Employer		Dates	
Name _____	_____	From Mo Yr	To Mo Yr
Address _____	_____	Position Held	
City _____ State _____ Zip _____	_____	Salary/Wage	
Contact person _____ Phone _____	_____	Reason for leaving	
Employer		Dates	
Name _____	_____	From Mo Yr	To Mo Yr
Address _____	_____	Position Held	
City _____ State _____ Zip _____	_____	Salary/Wage	
Contact person _____ Phone _____	_____	Reason for leaving	
Employer		Dates	
Name _____	_____	From Mo Yr	To Mo Yr
Address _____	_____	Position Held	
City _____ State _____ Zip _____	_____	Salary/Wage	
Contact person _____ Phone _____	_____	Reason for leaving	

List any trucking, transportation or other experience that may help in your work for this company

List job-related courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown)

To be read and signed by applicant

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.

I authorize Vista Energy Transport to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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.

In the event of employment, I understand that false or misleading information given in my application or interveiw may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Vista Energy Transport.

_____ **Date**

_____ **Applicant's Signature**

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE- IF NONE, WRITE NONE

Dates	Nature of Accident	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (other than parking Violations) if None write None

Location	Date	Charge	Penalty

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last school attended _____
Name *City*

Experience and Qualifications - Driver

	State	License #	Type	Expiration Date
Drivers				
Licenses				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

B. Has your license, permit or driver privilege ever been suspended or revoked? Yes ____ No ____

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE GIVE STATEMENT WITH DETAILS BELOW

DRIVING EXPERIENCE- IF NONE - WRITE NONE. _____

Class of Equipment	Type of Equipment (Van,Tank,Flat,etc.)	Dates		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-2 Trailers				
Motorcoach-Bus				
Other				

List states operated in for the past five years _____

Show special courses or training that will help you as a driver. _____

List any 'Safe Driving' awards or recognition _____ Company _____
