

DRIVER'S APPLICATION FOR EMPLOYMENT

LEE JENNINGS TARGET EXPRESS, INC
1465 E. Franklin Ave. Pomona, CA 91766
Phone 800-229-1737, Fax 909-865-1405

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 disability.

(PLEASE ANSWER ALL QUESTIONS – PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
Last First Middle Initial

List your addresses of residency for the past 3 years.

Current Address _____
Street City

State Zip Code Phone How long? _____

Previous
Addresses

Street City State & Zip Code How long? _____

Street City State & Zip Code How long? _____

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

Date of Birth _____ Can you provide proof of age? _____
(Required for Commercial Driver Applicants)

Have you worked for Lee Jennings Enterprizes or Target Express before? _____ Where? _____

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

Reason for leaving employment with Lee Jennings Enterprizes or Target Express _____

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

Who if anyone referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish _____

Continue to next page – EXPERIENCE AND QUALIFICATIONS

EXPERIENCE AND QUALIFICATIONS FOR TRUCK DRIVER

List all driver licenses you currently maintain.

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
LIST ALL DRIVER LICENSES				

Commercial vehicle driving experience.

	EQUIPMENT TYPE (VAN, FLAT, TANK, ETC.)	DATES OPERATED (TO) (FROM)		APPROXIMATE NO. OF MILES (TOTAL)
STRAIT TRUCK				
TRACTOR-TRAILER				
TRACTOR-DOUBLES				
BUS				
OTHER				

List all accidents involved in during the last 3 years (Attach another sheet if required) If none, write NONE.

	DATE	LOCATION	FATALITIES	INJURIES	NATURE OF ACCIDENT
LIST ALL ACCIDENTS					

List all traffic convictions and forfeitures during the last 3 years (Attach another sheet if required) If none, write NONE.

	DATE	LOCATION	CHARGE	PENALTY
LIST ALL CITATIONS				

List all states operated in for the last 5 years _____

List courses of study or training that may help you as a driver _____

List any safe driving awards you have received _____

- | | | |
|---|-----|----|
| (1) Have you ever been denied a license, permit or privilege to operate a motor vehicle? | Yes | No |
| (2) Has any license, permit or privilege to operate a motor vehicle suspended or revoked? | Yes | No |
| (3) Is there anything that would restrict your ability to obtain or retain a hazardous materials endorsement? | Yes | No |

IF THE ANSWER TO EITHER QUESTION (1) or (2) or (3) IS YES, PLEASE ATTACH A STATEMENT GIVING DETAILS.

Continue to next page – EMPLOYMENT HISTORY

EMPLOYMENT HISTORY

All applicants must provide the following information for all employers during the preceding 3 years.
 All driver applicants shall also provide an additional 7 years of information for any employer that employed you to operate a commercial motor vehicle.

EMPLOYER			DATES
			From To
NAME			
ADDRESS			Position Held
CITY	STATE	ZIP	Salary/Wage
CONTACT		PHONE NO.	Reason for Leaving

EMPLOYER			DATES
			From To
NAME			
ADDRESS			Position Held
CITY	STATE	ZIP	Salary/Wage
CONTACT		PHONE NO.	Reason for Leaving

EMPLOYER			DATES
			From To
NAME			
ADDRESS			Position Held
CITY	STATE	ZIP	Salary/Wage
CONTACT		PHONE NO.	Reason for Leaving

EMPLOYER			DATES
			From To
NAME			
ADDRESS			Position Held
CITY	STATE	ZIP	Salary/Wage
CONTACT		PHONE NO.	Reason for Leaving

EMPLOYER			DATES
			From To
NAME			
ADDRESS			Position Held
CITY	STATE	ZIP	Salary/Wage
CONTACT		PHONE NO.	Reason for Leaving

EMPLOYER			DATES
			From To
NAME			
ADDRESS			Position Held
CITY	STATE	ZIP	Salary/Wage
CONTACT		PHONE NO.	Reason for Leaving

Continue to next page - ARBITRATION AGREEMENT

ARBITRATION AGREEMENT

Agreement:

I agree that any claim, dispute, or controversy (including, but not limited to, any and all claims of discrimination and harassment) which would otherwise require or allow resort to any court or other dispute resolution forum between myself and the company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefits and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, and Employment Development department claims), shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act., in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the act's other mandatory and permissive rights to discovery); provided however, that: In addition to the requirements imposed by law any arbitrator herein shall be a retired California Supreme Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent possible in civil actions in California courts, the following shall apply and be observed: all rules of evidence, all rights to resolution of the dispute by means of motions for

summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings and are privileged in accordance with Cal. Civil Code Section 47(b). As reasonably required to allow full use and benefit of this agreement's modifications to the act's procedures and the arbitrator shall extend the times set by the act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's request within 10 days after issuance of the award, shall be subject to reversal, remand or modification following review of the record and arguments of the parties by a second arbitrator who shall as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. Should any portion, word, clause, phrase, sentence or paragraph of this Agreement be declared void or unenforceable, such portion shall be considered independent and severable from the remainder, the validity shall remain unaffected.

Statement:

I UNDERSTAND BY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY.

(If you have any questions regarding the above Arbitration Agreement or Statement, please discuss it with a legal representative before signing.)

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE ARIBTRATION AGREEMENT AND STATEMENT.

Signature of Applicant _____

Date _____

Printed Name of Applicant _____

Continue to next page - DRUG AND ALCOHOL TESTING / EXAMINATIONS

DRUG AND ALCOHOL TESTING / EXAMINATIONS

- In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company.
- I understand that the Company 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 may require me submit for tests for drugs and/or alcohol, to the extent permitted by law.
- I also 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 and related tests to the Company.
- I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during employment.
- I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.
- I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

(If you have any questions regarding the above points or statements, please discuss them with a legal representative before signing.)

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE POINTS AND STATEMENTS AND BY SIGNING BELOW, AGREE TO EACH POINT AND STATEMENT.

Signature of Applicant _____

Date _____

Printed Name of Applicant _____

Continue to next page - BACKGROUND INVESTIGATIONS

BACKGROUND INVESTIGATIONS

- I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.
- I authorize the Company to obtain a consumer credit report on me. I also acknowledge and certify that I have been given prior written notification that a consumer credit report may be obtained and that I have been given a copy of said written notification.
- I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation.
- I hereby state that all information that I provided on this application or any other documents filled out in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.
- I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

(If you have any questions regarding the above points or statement, please discuss them with a legal representative before signing.)

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE POINTS AND STATEMENTS AND BY SIGNING BELOW, AGREE TO EACH POINT AND STATEMENT. THIS ALSO 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 of Applicant _____

Date _____

Printed Name of Applicant _____

You have completed the application. The next page is for office use.

SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

1. APPLICATION					
<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/> </div>					
2. INTERVIEW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/> </div>					
3. PAST EMPLOYMENT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/> </div>					
4. ROAD TEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/> </div>					
5. CRIMINAL CONVICTIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/> </div>					
6. TRAFFIC CONVICTIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; padding: 5px;"> <hr/><hr/><hr/> </div>					

Hire Date _____ Rejected Date _____ Term Date _____

Is Employee Eligible for Rehire? _____, If NO, Explain _____

Application Reviewed By _____

Applicant Interviewed By _____

Applicant Rejected By _____

Applicant Hired By _____

Employment Termination: Dismissed Voluntary Quit Other

Supervisor at Termination _____