



**APPLICATION FOR EMPLOYMENT**

Individual FoodService  
 5496 Lindbergh Lane  
 Bell, CA 90201

Telephone (323) 981-2800 - Fax (323) 265-3592

**Personal Data**

Last Name	First	Middle	Date
Street Address		City	State Zip
Home Phone ( )		Cell Phone ( )	(# Years)

**Previous Three Years Residency (if above is less than 3 years)**

(Street)	(City)	(State & Zip Code)	(# Years)
(Street)	(City)	(State & Zip Code)	(# Years)
(Street)	(City)	(State & Zip Code)	(# Years)

Have you ever applied for employment with us?  Yes  No If YES, Month/Year: \_\_\_\_\_

Position Desired	Date Available	Salary Desired \$ _____ Per
Job Status Required : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Are you legally eligible for employment in the United States :  <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of hours per week desired :		

Special Training or Skills (Professional expertise, language, typing, computer, etc.): \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If YES, please explain: \_\_\_\_\_  
 Note: Conviction of a felony will not automatically disqualify you for employment

Are you related to any employee of IFS? No \_\_\_\_\_ Yes \_\_\_\_\_ Who \_\_\_\_\_

How did you learn about this position?  
 Advertisement  Walk In  Relative  Friend  Other \_\_\_\_\_

**Education**

School	Name & Location of School	Course of Study Completed	Number of Years Completed	Did You Graduate	Degree or Diploma
High					
College					
Other					
Other					

Professional Licenses Held : \_\_\_\_\_ # \_\_\_\_\_ Expiration \_\_\_\_\_  
 \_\_\_\_\_ # \_\_\_\_\_ Expiration \_\_\_\_\_

**License Information**

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No	Type	Expiration Date

**Driving Experience**

Class Of Equipment	Type Of Equipment (Van, Tank, Flat, etc.)	Dates		Approx. # Of Miles Total
		From	To	
Straight Truck (Commercial)				
Straight Truck (Non-Commercial)				
Tractor and Trailer				
Other				

**Accident Record For The Past 3 Years Or More (Attach Sheet If More Space is Needed) If None, Write NONE**

Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Check If Apply		
		Fatalites	Injuries	Chemical Spills

**Traffic Convictions and Forfeitures For The Past 3 Years (Other Than Parking Violations) If None, Write NONE**

Date Convicted (Month/Year)	Violation	State of Violation/Location		Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehilce?

Yes  No If YES, please explain: \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked?

Yes  No If YES, please explain: \_\_\_\_\_

## Employment History

Please give an accurate and complete full-time and part-time employment record going back 10 years for Commercial Drivers. Start with present or most recent employer and all gaps in employment and/or unemployment must be explained with dates and reason. Additional sheets should be attached as necessary.

Employers Name :	Telephone ( )
Address	Employed (State Month/Year) From : _____ To : _____
Name of Supervisor	Salary :\$ _____ Per _____
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? [ ] Yes [ ] No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? [ ] Yes [ ] No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? [ ] Yes [ ] No	

Employers Name :	Telephone ( )
Address	Employed (State Month/Year) From : _____ To : _____
Name of Supervisor	Salary :\$ _____ Per _____
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? [ ] Yes [ ] No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed? [ ] Yes [ ] No	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? [ ] Yes [ ] No	

Employers Name :	Telephone ( )
Address	Employed (State Month/Year) From : _____ To : _____
Name of Supervisor	Salary :\$ _____ Per _____
State Job Title and Describe Your Work:	Reason for Leaving: May we contact employer? [ ] Yes [ ] No
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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? [ ] Yes [ ] No	

### Employment History (continued)

Please give an accurate and complete full-time and part-time employment record going back 10 years for Commercial Drivers. Start with present or most recent employer and all gaps in employment and/or unemployment must be explained with dates and reason. Additional sheets should be attached, if necessary.

Employers Name :		Telephone ( )
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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? [ ] Yes [ ] No		

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Address	Employed (State Month/Year) From : _____ To : _____	
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Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? [ ] Yes [ ] No		

### Employment History Gaps (If Any)

From	To	Check If Apply	Other (Please Explain)
		[ ] School [ ] Military [ ] Vacation [ ] Unemployed	
		[ ] School [ ] Military [ ] Vacation [ ] Unemployed	
		[ ] School [ ] Military [ ] Vacation [ ] Unemployed	

## Work Experience References

Name \_\_\_\_\_ Company \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone : (    ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone : (    ) \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone : (    ) \_\_\_\_\_

Person to notify in case of emergency:

Name : \_\_\_\_\_ Daytime Phone # (    ) \_\_\_\_\_ Evening Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_

### **IMPORTANT - Please Read and Sign**

**As an equal opportunity employer this company's policy, as well as Federal and State law, prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap, or age with respect to individuals who are at least 18 years of age.**

**As part of this application for employment, I hereby authorize the company to investigate my references and to verify my employment records.**

**I further agree that failure to reveal any prior employer, or giving of false or misleading information by me may be grounds for termination of employment.**

**Any offer of employment is contingent on the employee's consent to take physical examination, pre-employment drug screen and background check.**

**Under no circumstances with this document or any statement contained herein constitute or create a contract for duration of employment. All employment is entirely "At-Will", which means you may voluntarily terminate the employment relationship at any time and for any reason and IFS retains the same right.**

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_