



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: _____

At this time, do you intend to work for another employer if hired by this company? Yes No

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		
		Fatalities	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 vehicle?

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		
State Job Title and Describe Your Work:		Reason for Leaving:
		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Name :		Telephone ()
Address	Employed (State Month/Year)	
	From :	To :
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving:
		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Name :		Telephone ()
Address	Employed (State Month/Year)	
	From :	To :
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving:
		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 ()
Address	Employed (State Month/Year)	
	From :	To :
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving:
		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employers Name :		Telephone ()
Address	Employed (State Month/Year)	
	From :	To :
Name of Supervisor		
State Job Title and Describe Your Work:		Reason for Leaving:
		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History Gaps (If Any)

From	To	Check If Apply	Other (Please Explain)
		<input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Vacation <input type="checkbox"/> Unemployed	

From	To	Check If Apply	Other (Please Explain)
		<input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Vacation <input type="checkbox"/> Unemployed	

From	To	Check If Apply	Other (Please Explain)
		<input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Vacation <input type="checkbox"/> 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: _____