

PERSONAL DATA

Telephone: (323) 981-2800 – Fax (323) 881-4797

www.indfood.com

Last Name		First	Middle	Date
Street Address		City	State	Zip
Home Phone ()		Cell Phone ()	Business Phone ()	
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Month/Year:				
Position Desired:			Date Available:	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the function that cannot be performed. _____				
<i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</i>				
Job Status Required : <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Number of hours per week desired :			Are you legally eligible for employment in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Training or Skills (Professional expertise, language, typing, computer, etc.):				
Do you possess a valid California Driver's License? **Complete if required for the position you are applying. <input type="checkbox"/> Yes <input type="checkbox"/> No CDL #: _____ <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C*				
*(Standard Operators License)				

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/Certifications Held: _____ # _____
 Issuing Date: _____ Expiration: _____
 _____ # _____
 Issuing Date: _____ Expiration: _____

Have any of your licenses/certifications ever been revoked or suspended? No _____ Yes _____ If yes, state reason(s), date of revocation or suspension, and date of reinstatement. _____

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

How did you learn about this position?
☐ Advertisement ☐ Walk In ☐ Relative ☐ Friend ☐ Other _____

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? [] 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			
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? [] 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			
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? [] 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			

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	
		<input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Vacation <input type="checkbox"/> Unemployed	
		<input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Vacation <input type="checkbox"/> Unemployed	

REFERENCES

Please list people we may contact who are familiar with your work background.

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 Carefully, Initial Each Paragraph and Sign Below

(initial on line)

_____ 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 make an independent investigation of my character and employment records. I shall complete any additional authorizations requested by the company. 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.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for 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 the time elapsed before discovery.

_____ Any offer of employment is contingent on the employee's consent to take business-related 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. I understand that if I am offered employment with the company, employment is "At-Will," which means I may voluntarily terminate the employment relationship at any time and for any reason and the company retains the same right.

_____ 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.

Signature : _____ Date: _____