



An Equal Opportunity Employer

**Fast Lane Transportation, Inc.**

2400 E. Pacific Coast Highway

Wilmington, CA 90744

(562) 742-3483

**DRIVER EMPLOYMENT APPLICATION**

This employment application complies with the requirements of 49 CFR 391.21

APPLICANT INFORMATION			
NAME First:		Middle:	Last:
Date Applied:	Cell Phone:	Alternate Phone:	
Birth Date:	Soc. Sec. #:	Email:	
Position Applied For:		Date Available to Start:	
Have you ever worked for Fast Lane Transportation in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, when?
How did you hear about our organization? Online <input type="checkbox"/> Referral: <input type="checkbox"/> By whom?			
Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Desired Pay:

PREVIOUS THREE (3) YEARS RESIDENCY					
<i>Attach additional sheet if more space is needed</i>					
ADDRESS	STREET ADDRESS	CITY	STATE	ZIP CODE	# of YEARS AT ADDRESS
Current					
Mailing					
Previous					
Previous					
Previous					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). By providing the below information, you are certifying that you do not have more than one motor vehicle license, the information for which is listed below. Includes all licenses held for the past three (3) years; attach additional sheets if needed.				
STATE	LICENSE NUMBER	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX. # OF MILES (TOTAL)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				
Other				

**ACCIDENT RECORD FOR THE PAST THREE (3) YEARS** (Attach a copy of current MVR)Attach additional sheet if more space is needed. Check this box if none 

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS** (Other than parking violations)Attach additional sheet if more space is needed. Check this box if none 

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATIONS	PENALTY (Forfeited bond, collateral and/or points)

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

If Yes, explain:

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Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If Yes, explain:

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**EMPLOYMENT HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years. ***In addition, if you have driven a commercial motor vehicle requiring a commercial driver's license previously, you must provide CMV driving employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.***

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary. You are required to list the complete mailing address, including street number, city, state, zip code; and complete all other information.

**CURRENT (MOST RECENT) EMPLOYER**

NAME:				PHONE:		
ADDRESS & City:				STATE:		
POSITION HELD:	FROM (MO/YR):		TO (MO/YR):			
REASON FOR LEAVING:				REHIRABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISOR'S NAME: & TITLE				MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
SUPERVISOR'S CONTACT INFO:	PHONE:	EMAIL:				
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason):						

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?  Yes  NoWas the job designated as a safety-sensitive function in the Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?  Yes  No

**SECOND (MOST RECENT) EMPLOYER**

NAME:				PHONE:		
ADDRESS & City:				STATE:	ZIP:	
POSITION HELD:		FROM (MO/YR):		TO (MO/YR):		
REASON FOR LEAVING:				REHIRABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISOR'S NAME: & TITLE:			MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Later			
SUPERVISOR'S CONTACT INFO:		PHONE:	EMAIL:			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason):						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was the job designated as a safety-sensitive function in the Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**THIRD (MOST RECENT) EMPLOYER**

NAME:				PHONE:		
ADDRESS & City:				STATE:	ZIP:	
POSITION HELD:		FROM (MO/YR):		TO (MO/YR):		
REASON FOR LEAVING:				REHIRABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No		
SUPERVISOR'S NAME: & TITLE:			MAY WE CONTACT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
SUPERVISOR'S CONTACT INFO:		PHONE:	EMAIL:			
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year and reason):						
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Was the job designated as a safety-sensitive function in the Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

**OTHER QUALIFICATIONS**

Please list any other qualifications that you have and which you believe should be considered.

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE		DETAILS
				Yes	No	
High School				<input type="checkbox"/>	<input type="checkbox"/>	
College				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	
Other				<input type="checkbox"/>	<input type="checkbox"/>	

**REFERENCES**

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. In not applicable, list three (3) school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	EMAIL	# OF YEARS KNOWN

**TO BE READ AND SIGNED BY APPLICANT**

I certify that all information I have provided in order to apply for and secure a driving position with Fast Lane Transportation, Inc. is true, complete, and correct.

I expressly authorize, without reservation, Fast Lane Transportation, Inc., its representatives, employees, or agents to contact and obtain information from all references (personal and professional), current and prior employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Fast Lane Transportation, Inc., its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory personal, employment, financial, other related matters as necessary in arriving at an employment decision in a lawful manner, in the employment process; and all other persons, corporations, or organizations for furnishing such information about me. 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.

I understand that Fast Lane Transportation, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on the basis of their, ancestry, color, disability, genetic information, reproductive health decision making, gender, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race (including traits historically associated with race, such as hair texture and protective hairstyles), religious creed (including dress and grooming practices), sex (includes pregnancy, childbirth, breastfeeding, and/or related medical conditions), sexual orientation, or any other protected status under applicable local, state, or federal law.

If I am hired, I understand that am free to resign at any time, with or without cause and with or without prior notice, and Fast Lane Transportation, Inc. reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Fast Lane Transportation, Inc. is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed an officer of the Company.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the Company's affiliate(s) and third parties engaged by Fast Lane Transportation, Inc. to perform services on their behalf. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by Fast Lane Transportation, Inc.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

In the event of employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of Fast Lane Transportation, Inc. Additionally, I understand that should I receive an offer of employment by Fast Lane Transportation I will be subject to a number of DOT and Company pre-employment pre-requisites, including employment verification, background investigation, drug screen, and physical examination.

This certifies that this application was completed by me and that all entries on it and the information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed