SHASTA FOREST PRODUCTS, INC. PO Box 777, Yreka, CA 96097

APPLICATION FOR EMPLOYMENT

	(First)	(Middle)	(Maiden Nam	e, if any)	(Last)
ADDRESS					How Long?
	(Street)		(City)	(State & Zip Code)	
PHONE					
ADDRESS)				How Long?
FOR PAST THREE) (Street)		(City)	(State & Zip Code)	
YEARS)				How Long?
	(Street)	(ATTACH SH	(City) EET IF MORE SPA	(State & Zip Code) CE IS NEEDED)	

EXPERIENCE AND QUALIFICATIONS - DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DA ⁻ FROM	TES TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OF MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEX PREVIOUS			

TRAFFIC CONVICITONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

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Α.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
В.	Has any license, permit or privilege ever been suspended or revoked?	Yes	No

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD (Attach Sheet If More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

LAST EMPLOYER:			
NAME			PHONE NO
ADDRESS			SUPERVISOR
POSITION HELD	FROM	то	
REASON FOR LEAVING			
SECOND TO LAST EMPLOYER:			
NAME			PHONE NO
ADDRESS			SUPERVISOR
POSITION HELD	FROM	то	
REASON FOR LEAVING			
THIRD TO LAST EMPLOYER:			
NAME			PHONE NO.
ADDRESS			SUPERVISOR
POSITION HELD	FROM	то	
REASON FOR LEAVING			
FOURTH TO LAST EMPLOYER:			
NAME			PHONE NO
ADDRESS			SUPERVISOR
POSITION HELD	FROM	то	
REASON FOR LEAVING			
FIFTH TO LAST EMPLOYER:			
NAME			PHONE NO
ADDRESS			SUPERVISOR
POSITION HELD	FROM	то	
REASON FOR LEAVING			

TO BE READ AND SIGNED BY APPLICANT

This 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.

Date

Applicant's Signature

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.