

Application for Employment

Note: All forms must be completed fully and signed by you for your application to be considered.

PLEASE PRINT

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____

How were you referred to us? ☐ Newspaper Ad ☐ School ☐ On my own
 ☐ Current Employee ☐ Agency ☐ Other

Name of referral source: _____

Do you understand and read ENGLISH? Y ☐ N ☐

Please note: This application form was designed for use by persons applying for various types of positions. Please answer the questions to the best of your ability. If you have any questions about the particular job you are seeking, please ask the interviewer.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of race, creed, color, age, sex, religion, national origin, handicap or disability or any other basis prohibited by applicable law. In accordance with the Americans With Disabilities Act, the Company will reasonably accommodate qualified individuals with known disabilities unless the accommodations would impose undue hardship on the Company's operation.



SIMPLIFIED LABOR STAFFING SOLUTIONS, INC
THE NAME SAYS IT ALL!

SIMPLIFIED TRANSPORT STAFFING SOLUTIONS, LLC

TYPE OF WORK DESIRED

Indicate the position(s) for which you are applying:

Do you wish to work: ☐ Full Time ☐ Part Time If part time, specify hours or days?

(Unavailability for work because of religious observance or practice does not necessarily disqualify a candidate. We will consider whether a reasonable accommodation can be made in evaluating your application for employment.)

What is your minimum *hourly, weekly, monthly, or annual* salary requirement? \$ _____ per _____

Date available for work: _____

Have you ever applied for work with Simplified Transport Staffing Solutions LLC?

Simplified Transport Staffing Solutions LLC ☐ Yes ☐ No

If yes, when? _____

Were you ever employed by Simplified Transport Staffing Solutions LLC or any affiliates or subsidiaries?

☐ Yes ☐ No

If yes, when?

DRIVER LICENSE INFORMATION (for the past 3 years)

Driver License Number	State	Type	Expiration Date

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

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

If you answer yes to any of the above questions, please explain right below:

ACCIDENTS/ TRAFFIC CONVICTIONS

Accident Record for Past 3 years, If none write none

Date	Nature of accident (head-on-end, upset, ect)	# of Injuries/ Fatalities

Traffic Convictions & Forfeitures for Past 3 Years (other than parking violations). If none, write none

Date	Location	Penalty

SIMPLIFIED TRANSPORT STAFFING SOLUTIONS, LLC

EMPLOYMENT HISTORY

LIST PRESENT OR MOST RECENT EMPLOYER FIRST. (10 Year Employment History)

May we contact your present employer at this time? ☐ Yes; ☐ No

Employer	Employed From ____ Mo. /Yr. To ____ Mo./ Yr.	Supervisor's Name
Address		
		Your Job Title
Telephone ()		

Reason for leaving: _____

Where you subject to the FMCSRs while employed? Yes___ No___

Subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes___ No ___

Employer	Employed From ____ Mo. /Yr. To ____ Mo./ Yr.	Supervisor's Name
Address		
		Your Job Title
Telephone ()		

Reason for leaving: _____

Where you subject to the FMCSRs while employed? Yes___ No___

Subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes___ No ___

Employer	Employed From ____ Mo. /Yr. To ____ Mo./ Yr.	Supervisor's Name
Address		
		Your Job Title
Telephone ()		

Reason for leaving: _____

Where you subject to the FMCSRs while employed? Yes___ No___

Subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes___ No ___

Employer	Employed From ____ Mo. /Yr. To ____ Mo./ Yr.	Supervisor's Name
Address		
		Your Job Title
Telephone ()		

Reason for leaving: _____

Where you subject to the FMCSRs while employed? Yes___ No___

Subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes___ No ___

SIMPLIFIED TRANSPORT STAFFING SOLUTIONS, LLC

GENERAL INFORMATION

Are you legally authorized to work in the U.S.? (Proof will be required if hired.) ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

If not, do you have an appropriate work permit to perform the job for which you are applying?

☐ Yes ☐ No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE (circle one)	DATE
STRAIGHT TRUCK	Van, Tanker, Refer, Dump, Container	From: To:
TRACTOR- TRAILER	Van, Tanker, Refer, Dump, Container	From: To:
TRACTOR-TWO TRAILER	Van, Tanker, Refer, Dump, Container	From: To:
OTHER:		

List States Operated in for the last 5 years: _____

Required Questions (Circle "yes" or "No")

Have you ever refused to be tested for drugs of alcohol? Yes No

Have you ever tested positive for drugs or alcohol? Yes No

Have you ever tested positive for any pre-employment drugs or alcohol test for a job which you applied for but did not obtain?

APPLICANT STATEMENT

I hereby certify that all the foregoing information I have supplied in this application is correct and complete. I understand and agree that Simplified Transport Staffing Solutions, LLC may verify the information provided and that any falsification of information will constitute grounds for immediate dismissal, whenever discovered. I give Simplified Transport Staffing Solutions, LLC permission to contact any or all my previous employers and references for full information and hereby release Simplified Transport Staffing Solutions, LLC from all liability for doing so.

I understand that Simplified Transport Staffing Solutions, LLC is committed to maintaining a safe, efficient, and drug free environment, and that any offer of employment is contingent upon the results of a drug screen. Further, I understand that any offer made to me, verbal or written, will be rescinded, and voided if I refuse to comply with the drug screen process.

If employed, and in consideration of my employment, I agree to confirm to the rules, procedures and policies of Simplified Transport Staffing Solutions, LLC. **I understand that if I am hired, my employment will be at-will. I may be transferred, reassigned, suspended, or demoted, and my employment may be terminated, at any time, with or without notice or cause.** I further understand that no management representative of Simplified Transport Staffing Solutions, LLC, except the President, has any authority to enter into any agreement contrary to that for at-will employment.

Signature

Date

SIMPLIFIED TRANSPORT STAFFING SOLUTIONS, LLC.

From: **HUMAN RESOURCES**

To update all payroll information please complete the information requested below and return to the payroll dept.

NAME: _____ **SPOUSE:** _____

RESIDENTIAL ADDRESS: _____

HOME PHONE NUMBER: (_____) _____

SECONDARY PHONE NUMBER: (_____) _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ **RELATIONSHIP:** _____

CITY: _____ **STATE, ZIP:** _____

PHONE: (_____) _____ Please use a phone number other than your home number.

I _____, **HEREBY STATE THAT THE ABOVE**
(PRINT YOUR NAME)

INFORMATION IS CORRECT. THE COMPANY WILL BE NOTIFIED OF ANY CHANGES MADE IN THE ABOVE INFORMATION.

SIGNATURE: _____

DATE: _____



PERSONAL INFORMATION FOR BACKGROUND CHECK

The information requested below is for background check purposes only. Please print clearly.

Name: _____
Last First Middle

Date of Birth: _____ Social Security No.: _____

Maiden name or other names used: _____

Address: _____

Phone Number: _____ Email: _____

Driver's License: _____
State of Issuance Number

List all cities, counties, and states in which you were a resident or employed during the past seven (7) years:

Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code
Address	City	State	Zip Code

Signature

Printed Name

Date



ADDITIONAL STATE LAW NOTICES

If you live, or are applying for a position in, any of the states listed below, please review the additional notice that applies to you concerning the Company's procurement of a background report about you from a consumer reporting agency (the "Agency").

California Only: The Company will procure the background report from the following consumer reporting agency or such other agency that the Company may retain in the future: Candid Research, Inc., 3111 N. Tustin Street, Suite 280, Orange, CA 92865 (714) 974-5430. Candid Research's privacy policy can be found at www.candidresearch.com. I understand that I have the right to access my file as maintained by Candid Research, Inc. during normal business hours. By submitting proper identification and paying any duplication costs, I have the option of requesting a copy of my file (1) via mail, or (2) in person at the Candid Research, Inc. office during normal business hours and on reasonable notice (I may be accompanied by one other person, provided that person furnishes proper identification). I also may receive a summary of the file by calling Candid Research, Inc. Candid Research, Inc. will have trained personnel available to explain my file as well as any coded information contained therein. A more detailed "Summary of Your Rights Under California Civil Code Section 1786.22" has been provided with this form.

Massachusetts Only: If you contact the Agency, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to receive a copy of any investigative consumer report that the Company has ordered when that report is complete.

Minnesota Only: Upon written request, the Agency will make a complete and accurate disclosure of the nature and scope of the report provided to the Company. Minnesota law requires the Agency to provide this disclosure within five days after the request is received or the consumer report is requested, whichever is later.

New Jersey Only: Upon request, the Agency will send you a copy of any investigative consumer report about you received by the Company.

New York Only: I hereby acknowledge that I have received and read a copy of Article 23A of the New York Correction Law. I understand that upon written request, I will be advised by the Company if any further checks are requested and will be provided by the Company with the name and address of the consumer reporting agency. I may receive and inspect a copy of the report by contacting the Agency.

Washington Only: If you make a written request to Company within a reasonable time of this notice, the Company will provide a complete and accurate disclosure, in writing, of the nature and scope of any investigative consumer report that has been requested. The Company will provide the disclosure, by mail or otherwise, within five days after receiving your request or after requesting the report, whichever is later. You also have the right to ask the Agency to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Signature _____

Printed Name _____

Date _____



BACKGROUND CHECK AUTHORIZATION

I acknowledge that I have received and read the *Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act* (provided with this Background Check Authorization) and this *Background Check Authorization*. I certify that I understand the documents I have received.

I hereby authorize the Company, for employment purposes, to obtain from a consumer reporting agency, consumer reports and/or investigative consumer reports about me in connection with my application for employment, and if hired, at any time during the course of my employment to the extent permitted by applicable law.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Candid Research, Inc., or another consumer reporting agency retained by Company.

If you live, or are applying for a position in, California, Minnesota or Oklahoma: If you wish to receive a free copy of the investigative and/or consumer report created by Candid Research, Inc., please include your contact information where indicated below.

☐ Yes, I wish to receive a copy of my investigative and/or consumer report.

Please send to: email address: _____
 -or-
 street address: _____

Signature

Printed Name

Date



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record,
to my employer, SIMPLIFIED TRANSPORT STAFFING SOLUTIONS LLC
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
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I, MANUELA CORTEZ, of SIMPLIFIED TRANSPORT STAFFING SOLUTIONS LLC
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

Camera & GPS Monitoring Device Acknowledgement and Agreement

I _____ (Print name) understand a Camera & GPS Monitoring device has been placed in each Simplified Transport Staffing Solutions, LLC vehicle. The device tracks data which includes: location/routes, speed, mileage, distance, stop time, and stop duration on each of our Simplified Transport Staffing Solutions, LLC vehicles.

This technology will allow for proper use of vehicles, safe driving practices, and reduce risk of liability. As a result, there will be a Driver Penalty System fully implemented to address the information generated from the Camera & GPS device. Once fully implemented, the Driver Penalty System will be addressed on three major levels: Minor Infraction: Formal Written Warning, Intermediate Infraction: 3 day suspension and re-take the driver follow-up part of the certification procedure, Major Infraction: Driving privileges terminated.

There is zero tolerance for the cited violations below and the addressing of these violations will be in effect immediately:

- Blocking and/or damaging camera or gps system in truck.
- Traveling 15 mph over the posted speed limit for a significant amount of time (30 seconds or more)
- Traveling 20 mph over the posted speed limit at any time during the trip
- Traveling at 85 mph or more at any time during the trip
- At fault for a Vehicular Collision
- Personally responsible for any traffic citation while in operation of a department vehicle
- Operating a vehicle with possession/consumption of alcohol/illegal drugs

I certify that I understand the capabilities/purpose of the Camera & GPS device and agree to adhere to the policies and consequences associated.

Signature: _____ Date: _____

SIMPLIFIED TRANSPORT STAFFING SOLUTIONS, LLC

3 Pointe Dr., Suite 210 Brea, CA 92821

Fax

To: _____ **From:** _____**Fax:** _____ **Page:** _____**Phone:** _____ **Date:** _____**CONSENT/REQUEST INFORMATION FROM PREVIOUS EMPLOYER
INCLUDING INFORMATION ON ALCOHOL & CONTROLLED SUBSTANCE TESTING**

THE INFORMATION REQUESTED IS REQUIRED BY PART (391.23) AND 49 CFR 382.413 OF THE U.S DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY REGULATIONS.

Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request. An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. An employer may obtain pursuant to a driver's written consent, any of the information concerning the driver which is maintained under this part by the driver's previous employers. An employer shall obtain, information of the driver's alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and refusals to be tested, within the preceding three years, which are maintained by the driver's previous employers. The information must be obtained and reviewed by the employer no later than 14 calendar days after the first time a driver performs safety sensitive functions for an employer. Each must maintain a written, confidential record with respect to each past employer contacted.

1. APPLICANT NAME: _____
First, M.I., Last Social Security Number

Previous Employer: _____ **Position Held:** _____

Attention: _____ **Telephone:** _____

Address: _____ **Fax#:** _____

City, State, Zip: _____ **Dates Worked:** _____ to _____

I have submitted an application to Simplified Transport Staffing Solutions LLC and it is my desire that they be fully advised of my employment record. I, therefore, authorize all corporations, companies' educational institutions, persons, and former employers to release any and all information in relation to my suitability for employment. I hereby release your company and any of its representatives from any and all liability that may result from providing the information requested. Furthermore, a photocopy of this release shall be as valid as the original for sixty days from the date hereon.

Applicant Signature_____
Date

*****TO BE COMPLETED BY PREVIOUS EMPLOYER*******Completed by:**_____
Name (Print)_____
Signature_____
Position_____
Date**POLICY AGAINST DISCRIMINATION AND HARASSMENT**