

INTERVIEW NOTES

Lined area for interview notes.



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Commercial Driver Application

We E-Verify

Name (Please Print) LAST FIRST MIDDLE

List any other names (maiden name)

Current Address STREET CITY STATE ZIP PHONE

Previous Address STREET CITY STATE ZIP PHONE

Have you achieved the age of twenty one (21) years old? Yes No
(the Age Discrimination of Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age)

Physical exam expiration date

Do you have a Class A CDL License? Yes No License Number State

Are you authorized to work in the United States? Yes No

BLAKE'S LOTABURGER IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY: Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years

List Previous Positions
Employer/Direct Supervisor Employment Dates From To

Address City State Phone

Employer/Direct Supervisor Employment Dates From To

Address City State Phone

Employer/Direct Supervisor _____
 Address _____
City State Phone

Employment Dates From To

Employer/Direct Supervisor _____
 Address _____
City State Phone

Employment Dates From To

(Attach additional sheets for ten (10) year history, if needed.)

Have you previously worked for Blake's Lotaburger? Yes No
 If yes, when and what location? _____

Have you ever been involuntarily terminated from a position of employment? Yes No
 If yes please explain _____

During the past 7 (seven) years, have you been convicted of, or have you pleaded guilty or no contest to a felony offense? Yes No If yes, please explain _____

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semi-Trailer			
Tractor & Two Trailers			

Do you have experience with automatic transmission? Yes No
 Do you have experience with manual transmission? Yes No

States you have operated in for the last five (5) years _____

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 revoked? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? Yes No

List any Safe Driving Awards you hold and from whom _____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS (attach sheet if more space is needed)

Date of Accident	Nature of Accident (head on, rear end, ect)	Location of Accident	Number of Fatalities	Number of People Injured

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE (3) YEARS (other than parking violations)

DATE	LOCATION	CHARGE	PENALTY

DRIVER'S LICENSE (list each driver's license held in the past three (3) years)

STATE	LICENSE	TYPE	ENDORSEMENTS	EXPIRATION DATE

I certify that all statements, information and documents provided by me in connection with my application are true, complete and correct to the best of my knowledge and are submitted in good faith.

I understand any false statements, omissions or misrepresentations contained in this application or provided in the interview process may disqualify me for employment consideration or may be cause for termination if hired.

I authorize any persons or organizations referenced in this application to give Blake's Lotaburger any and all information concerning my previous employment, education, or any other pertinent information they might have, personal or otherwise, with regard to any of the subjects covered in this application, and I release all such parties from all liability for any damages which may result from furnishing such information.

I hereby authorize Blake's Lotaburger to conduct a thorough background check including but not limited to references, employment records, credit checks, criminal convictions, and motor vehicle records. I understand that such background checks will be made only upon final selection for hire and that all information will be kept confidential and released only to authorized individuals.

I understand that disclosure of my social security number (SSN) is optional. The agency to which I am applying may use my SSN for administrative tracking purposes and for identification.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

I agree and understand that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

Signature _____ Date _____