



61 W. Oak, Porterville, CA. 93257
Phone # (559) 791-7810 FAX # (559) 791-7803

APPLICATION FOR EMPLOYMENT

Fixed Route Driver
Demand Response Driver
Dispatcher

Prospective employees will receive consideration without discrimination on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

Personal Information

Last Name:_____ First Name:_____ Middle:_____		
Street Address:_____		
City:_____ State:_____ Zip:_____		
Home Telephone: () _____ Other:_____		
Social Security # _____		
Driver's License # _____ Exp:_____		
Date of Birth:_____		
Are you legally eligible for employment in the United States?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If "Yes," describe in full		

Apart from absence for religious observance, are you available for full-time work?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If not, what hours can you work?		

Will you work overtime if asked?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for employment with us?		
Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes: Month and Year_____		

Sierra Management

Education

High School

Name and location of school:

No. of years completed:

Did you graduate?

Degree:

Activities:

College

Name and location of school:

No. of years completed?

Degree:

Activities:

Military

Did you serve in the U.S. Armed Forces?

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

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Work or Driving Experience

Company Name:	Telephone: ()
Address:	Employment Dates:
Name of Supervisor:	Pay: Start: Finish:
State job title and describe your work:	
Reason for leaving:	
Company Name:	Telephone: ()
Address:	Employment Dates:
Name of Supervisor:	Pay: Start: Finish:
State job title and describe your work:	
Reason for leaving:	
Company Name:	Telephone: ()
Address:	Employment Dates:
Name of Supervisor:	Pay: Start: Finish:
State job title and describe your work:	
Reason for leaving:	

CDL INFORMATION

Class A
 Class B
 Class C
 Passenger Endorsement

Exp Date: _____ Endorsements: _____

Air Brakes: Yes No

No. years of Driving Experience: _____

Medical Card: Yes No:

Please Provide the available hours for employment:

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>
Start						
Finish						

Please provide any activates or obligations in which you may need to attend which will affect your work schedule:

Applicant's Signature

Please read and understand this statement before signing your application:

This information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the Sierra Management to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than the General Manager of Sierra Management, has authority to enter into any employment agreement with terms contrary to the forgoing and then only in writing by such General Manager.

Sierra Management is a Drug-Free Company which requires all new applicants to pass a pre-employment drug screen, and to be entered into a random drug and alcohol testing program required by the Department of Transportation.

I fully understand and accept all terms and conditions in the above statement

Date

Signature

Sierra Management

Application for Employment

AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with Sierra Management, I hereby authorize ChoicePoint Services Inc., on behalf of Sierra Management to procure an investigative consumer report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other secure disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name and Signature

Date

____-__-____
Social Security Number

Date of Birth*

BACKGROUND VERIFICATION DISCLOSURE

As part of the employment process, Sierra Management will obtain an investigative consumer report. This investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. The following Consumer Reporting Agency will prepare the report:

ChoicePoint Services Inc.
1000 Alderman Dr.
Alpharetta, GA. 3005

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.