

## **Cornerstone Staffing Solutions**

4345 Lowell Street, Suite F, Ontario, CA 91761 909-974-4120

Application ID: 1713607356

## 

ob Applied For *		First Name *	Middle	Last Name	e *	Social Security No.
ate of Birth *	Mobi	e Phone No. *	Other Phone No.	Email Add	ress *	
resent Address *	Address 2*	City *	State/Province *	ZIP *	County	Yrs at this address
	*If at current add	ress less than 7 years, lis	t below most recent addr	esses for the pa	ast 7 years.	

Name - Exactly as it appears on your	driver's license *	Maiden or other na	me used	
CDL Type *	Endorsements (	(check all that apply)	License	Expiration Date *
○ A ○ B ○ C ○ None	H T	Automatic Transmission Restriction *		
Air Brake Restriction? *	Automatic Tran			f CDL Experience
○ Yes ○ No	Yes	No		
Ves No				
	Issuing State/Province *	Current DOT Medic	al Card *	DOT Medical Card Expiration Dat
	Issuing State/Province *	Current DOT Medic	al Card *	DOT Medical Card Expiration Dat

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp
Dry van		Doubles		Flatbed	
Tanker		Reefer:		Switching(yard tractor)	
Dump		CDL B			

Have you been driving recently in the last 12 months?

low important is safety to you? :	
Are you able to start as soon as possible? :	
low would you describe your driving record? :	
Are you able to handle freight as required by assignment? :	

		Additional Lic	censes	
	List ALL addi	tional liconaca b	eld in the past 5 years.	
	LIST ALL duur	tional licenses in	elu în the past 5 years.	
State/Province	License no.	Class	Endorsement(s)	Expiration date
				•
	1	1		1
Vac Has any	license, permit, or privilege	ever heen susne	aded revoked or denied? *	
Ves No - Has any	noense, permit, or privilege			
	Lever been convicted for dr	iving under the in	fluence of drugs or alcohol? *	
Ves No - Have you				
<ul> <li>Yes</li> <li>No</li> </ul>	or refuced to test on any pr	o-omploymont dr	ug and / or alcohol tast administer	d by an
employer to which you applied	for but did not obtain safety	/ sensitive transp	ug and / or alcohol test administere ortation work covered by DOT agen	cy drug
and alcohol testing rules during	the past 2 years? *			
○ Yes ○ No - Have you	ever been convicted of a fe	elony or misdem	eanor? *	

## Accident Review For Past 5 Years

No Accidents to	o report.				
ick on the Plus sigr	n to add additi	onal Accidents.			
	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					Personal
					Commercial

	Traffic	Convictions & Forfeitures For Past 5 Years	
	If no Traffic Conv	ictions or Forfeitures to report, you must check this b	OX.
No Traffic Convictio	ons or Forfeitures to report.		
	add additional Traffic Convid	ctions or Forfeitures.	
Location	Date	Charge(other Than Parking Violations)	Penalty

ou currently working? O Y	les 🔘 No		
EMPLOYER #1			
Company *	Supervisor's Name	Supervisor Phone	
Street Address		City	State/Province
Position Held *		From Date (mm/yy) *	To Date (mm/yy) *
Reason For Leaving *			
	Driving/Hauling E	xperience With This Employer	
Hauling What?	Driving/Hauling E		ment
		ths: Equip	ment
Vere you subject to the FMCS	Number of Mon	ths: Equip	
Vere you subject to the FMCS Yes INO Was your job designated as a	Number of Mon	ths: Equip	

Authorization
By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.
I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my

personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer,
which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I
have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from
the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me,
which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair
Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for
employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an
authorized company representative.

\*I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

\* I hereby agree and consent to receiving SMS text messages requesting additional information and/or providing additional instructions regarding the application process, onboarding and/or my employment, if applicable.

You have the right to withdraw your consent to receiving SMS text messages at any time by texting "STOP" in reply to any message you receive or by calling 888-209-7427.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

\* Fair Credit Reporting Act Consumer Rights

Drivers Rights Pertaining to Release of Information under Regulation 391.23

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name\*

Signature\*

2024-04-20 10:02:36

Date