

# *Alliance Tank Lines, Inc.*

6888 Tremont Road

Dixon, CA 95620

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## *Application for Employment*

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Full Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

How long at current address: \_\_\_\_\_

\*If you have not been at this address for the last **three years**, please list previous address(s):

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Date Available: \_\_\_\_\_

Salary Expected: \_\_\_\_\_

Do you have reliable transportation to work? YES\_\_\_\_\_ NO\_\_\_\_\_

Driver's License Number:\_\_\_\_\_ Class:\_\_\_\_\_

Expiration Date:\_\_\_\_\_

State in which License was issued:\_\_\_\_\_

Have you ever had your License suspended or revoked? YES\_\_\_\_ NO\_\_\_\_

If YES, please explain:\_\_\_\_\_

\_\_\_\_\_

Describe **ALL** accidents and tickets in the last 5 years:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Commercial Applicants:

Do you have a TWIC Card? YES\_\_\_\_\_ NO\_\_\_\_\_ Expiration Date:\_\_\_\_\_

Do you have Hazardous Training Certification? YES\_\_\_\_\_ NO\_\_\_\_\_

**Work History:**

For Commercial Driver applicants, please provide employment history for the **last 10 years**. For all other applicants, please provide employment for the **last three years**:

\*\*\*Company Name:\_\_\_\_\_

Address:\_\_\_\_\_ City/State:\_\_\_\_\_ Zip Code:\_\_\_\_\_

Please explain job duties:\_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor:\_\_\_\_\_

Phone:\_\_\_\_\_ Dates of Employment:\_\_\_\_\_ Salary:\_\_\_\_\_

Reason for leaving:\_\_\_\_\_

\*\*\*Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Please explain job duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*\*Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please explain job duties: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\*\*\*Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please explain job duties: \_\_\_\_\_

\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Types of Equipment operated at previous jobs (bobtail, truck & trailer, semi, etc.):

\_\_\_\_\_

\_\_\_\_\_

Describe any additional job-related experiences, special skills or knowledge, which would be helpful in considering you for employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Give the names and telephone numbers of **two** individuals, not related to you, who know you well and whom we may contact for reference:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Years you have known each other: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relation to you: \_\_\_\_\_ Years you have known each other: \_\_\_\_\_

If currently employed, may we contact your Employer? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements made by me on this application shall be considered sufficient cause for dismissal. I understand that Alliance Tank Lines, Inc. **WILL** require a pre-employment drug screen before I will be able to start, if hired. I authorize ATL to contact my previous employers and personal references that I have listed on this application for the purpose of evaluating my qualifications for employment.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_