

YOU MUST HAVE A CLEAR PHOTOCOPY OF YOUR CURRENT CDL AND MEDICAL CARD ON FILE WITH OUR OFFICE TO BE AWARDED A JOB REQUIRING A CDL.

DATE _____

BIDDER _____ SSN# _____

HOME ADDRESS: _____
 (STREET) (CITY) (ST) (ZIP)

TELEPHONE #: _____

PRESENTLY WORKING AS ? _____ AT _____
 (TITLE) (LOCATION)

PLEASE ACCEPT THIS AS MY BID(S) FOR THE FOLLOWING POSITION(S) AS ADVERTISED. **THE FOLLOWING BIDS SHOULD BE LISTED IN PREFERENCE ORDER:**

<u>BULLETIN NUMBER</u>	<u>TITLE OF POSITION</u>	<u>TO WORK ON GANG</u>	<u>YOUR SENIORITY DATE ON POSITION BID</u>
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			
7.)			
8.)			
9.)			
10.)			
11.)			
12.)			
13.)			
14.)			
15.)			

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