



EMPLOYMENT APPLICATION

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on the needs of the job, you may be required to complete a medical history form and you may be required to be examined by a medical professional designated by the company.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ **CELL PHONE:** _____

CURRENT ADDRESS: _____
STREET

_____ CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

_____ CITY STATE ZIP

Position(s) Applying For: _____

Date available to start: _____

Schedule Preference: ___ Full-time ___ Part-time ___ Season/Temp,

For which schedules are you available? ___ Weekdays, ___ Weekends, ___ Evenings

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- ___ Yes ___ No If the job requires, do you have the appropriate valid drivers license?
Name on license _____ DL# _____ State of issue _____
- ___ Yes ___ No Have you had any moving violations? Please describe _____
- ___ Yes ___ No Can you perform the essential functions of this job with or without reasonable accommodation?

SECURITY

List states and counties of residence for the past seven years. _____

- ___ Yes ___ No Have you used any names or Social Security Numbers other than given above? If so, please list in comments, below.
- ___ Yes ___ No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
_____	_____	_____
_____	_____	_____

Comments: _____

DRIVER EXPERIENCE & QUALIFICATIONS

****Complete this section only if applying for a driving position, or if you currently hold a commercial drivers license.**

The U.S. Department of Transportation requires that driver applicants state their date of birth. (FMCSR 391.21 (b)(2))

Date of Birth _____

Social Security Number ____-____-_____

Drivers Licenses Held in Past 3 years must be shown.

License No.	State	Class	Endorsements	Restrictions	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____(yes/no)

B. Has any license, permit, or privilege even been suspended or revoked? _____(yes/no)

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? _____(yes/no)

Driving Experience

Class of Equipment	Type (Van, Tank, Flat, etc.)	Dates
Straight Truck		
Tractor & Semi-Trailer		
Other		

List any other training or experience _____

Accident Review

Dates	Nature of Accident	Fatalities/Injuries

List Traffic Convictions for the past three years other than parking violations.

Dates	Location	Charge	Penalty

EDUCATION

NOTE: do not fill out any part of this section you believe to be non -job related.

NAME

CITY/STATE

GRADUATE

DEGREE

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company.

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER ___ Yes ___ No Are you currently working for this employer?

___ Yes ___ No, If yes, may we contact?

COMPANY NAME _____ CITY _____ STATE _____ Phone: _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

_____ Per _____
SALARY (HOUR. WEEK. MONTH) _____ REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ Phone: _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

_____ Per _____
SALARY (HOUR. WEEK. MONTH) _____ REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ Phone: _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

_____ Per _____
SALARY (HOUR. WEEK. MONTH) _____ REASON FOR LEAVING _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and / or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Furthermore, I understand that should an offer of employment be extended and accepted, such employment is "at will" and does not express or imply an employment contract.

SIGNATURE: _____ DATE: _____