Application For Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For			Date Of Application	
How Did you Learn About Us? Advertisement Employment Agency		Friend Relative	Wal	k-In er
Last Name	First Name		Middle Name	
Address Number	Street	City	State	Zip Code
Telephone Number(s)				
If you are under 18 years of age, can you	provide required	proof of your eligibilit	ty to work? Yes	No
Have you ever filed an application with us	before?		Yes	☐ No
Are you currently employed?			Yes	No
May we contact your present employer?			Yes	No
Are you prevented from lawfully becomin Immigration Status?	ig employed in thi	is country because of	Visa or Yes	No
Proof of citizenship or immigrati	on status will be require	d upon employment		
On what date would you be available	e for work?			
Are you available to work:		Full Time	Part Time	Temporary
Are you Currently on "lay-off' status and s	subject to recall?		Yes	☐ No
Can you travel if a job requires it?			Yes	No
Have you been convicted of a felony with Conviction will not necessarily	-		Yes	☐ No
If yes, please explain				

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Educat	ion &	ı Experienc	e				
		Name and Address o	of School	Course of Stu	dy	Years Completed	Diploma / Degree
Elementary Sch	nool						
High Schoo	l						
Undergraduate C	ollege						
Graduate Profes	sional						
Other (Specif	y)						
	Ind	icate any foreign langua	ages you ca	•	rite		
		FLUENT		GOOD		FAIR	
Speak							
Read							
Write		ļ					
employme	nt or other o	experience. Describe an	y job-relate	ed training through serv	rice in the U	J.S. Military.	
List	any activiti	ies and offices held in pr	rofessional,	trade, business or civic	organizati	ons.	
Please sha	re any addi	tional information you f	feel may be	helpful to us in conside	ering your	application.	

Employment History

Please list your employment experience beginning with the most current. Include volunteer activities and military service that is job-related. You may exclude any organization which may indicate race, color, religion, gender, national origin, disabilities or other protected status.

			Name of Employer & Address	S
Your Job Title		Supervi	sor	Telephone Numbers
Starting Date	Ending Dat	:e	Starting Salary/ Hourly Rate	Ending Salary/ Hourly Rate
Reason for Leaving	z.			·
Job Duties Include	d/ Description o	of Work:		
			Name of Employer & Address	S
Your Job Title		Supervi	sor	Telephone Numbers
			<u> </u>	() - () -
Starting Date	Ending Dat	ce	Starting Salary/ Hourly Rate	Ending Salary/ Hourly Rate
Reason for Leaving	3:			
Job Duties Include	d/ Description o	of Work:		
			Name of Employer & Address	S
Your Job Title		Supervi	sor	Telephone Numbers
Starting Date	Ending Dat	e	Starting Salary/ Hourly Rate	Ending Salary/ Hourly Rate
Reason for Leaving	g:			•
Job Duties Include	d/ Description o	of Work:		

If not enough space is provided, please include the remainder of your employment history on the last page of this form.

Attach additional pages if needed.

Driver Experience & Qualification

Licenses		State		License	Number	Ту	pe	Expiration Date
Drivers Licenses held in the past 3 years must be shown								
A. Have you ever been	denied a lic	ense, permit o	r privileg	ge to operat	e a motor v	vehicle?		Yes No
B. Has any license, peri	mit or privil	ege ever been :	suspend	ed or revok	ed?			Yes No
C. Have you ever been you answered "Yes" to	•				or Carrier Sa	fety Regula	tions? If	Yes No
Driving Experie	nce	Types o	of Equipn	nent	Da	tes	Annro	vimato Total Milos
Class of Equipm	nent	Van, Ta	nk, Flat,	etc	From	To	Appro	ximate Total Miles
Straight Truc								
Tractor & Semi-T								
Twin Trailer	•							
Other								
List States operated in List Special courses or	_		as a drive	er:				
List safe driving awards	s held and w	vho presented	those aw	vards:				
		Acci	dent Rev	view for the	Past 3 Year	·s		
		N	lature of	Accident:				
	Date	(Head-o	n, Rear-E	End, Upset,	etc)	Fata	lities	Injuries
Last Accident								
Next Previous								
Next Previous								
Tı	raffic Convid	ctions and Forfe	eitures fo	or the past :	3 years othe	er than park	ing violatio	าร
Location		Date		Cha	ırge			Penalty
								`

The **U.S Department of Transportation** requires that driver applicants show all employment for the past three years. Effective July 1987, applicants must also show commercial driver employment for the seven years immediately preceding this three year period. §391.21 (b) (10) (11)

This information must be given on the "Employment History" section of this application. If additional space is needed, attach a separate sheet of paper.

References

Please list below the names of three persons not related to you, whom you have known at least one year.

Name	Address & Phone Number	Years Acquainted
1.)		
2.)		
3.)		

Statement of the Applicant

I certify	that the answers	have given on tl	his application are	true and comp	lete to the best o	of my knowledge.
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I agree to allow any investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand that I am required to abide by all rules and regulations of the employer, written or unwritten. I also understand that any or all of those rules and regulations may be changed at any time.

Signature of Applicant	 Date
Signature of Applicant	Date

Additional Notes or Comments: