



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation, marital status, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

GENERAL

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number
Present Street Address	City	State	Zip Code
Email Address			

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof of your eligibility to work in the U.S.

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.) _____

EDUCATION

LIST NAME AND ADDRESS OF SCHOOLS	Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying? _____			

What machines or equipment can you operate that relate to the job for which you are applying? _____			

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		Reason For Leaving	
SUPERVISOR(S)	TELEPHONE		
NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM TO	
CITY, STATE, ZIP CODE		Reason For Leaving	
SUPERVISOR(S)	TELEPHONE		
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SUPERVISOR(S)	TELEPHONE		

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Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.

APPLICATION ADDENDUM

(For Driving Jobs Only)

Hire Date _____

NAME _____ **Complete if hired** _____ **Complete if hired** _____
 Last First Middle Social Security # Date of Birth
 ADDRESS _____ How Long _____
 Street City State Zip
 PAST 3 YEAR _____ How Long _____
 RESIDENCY _____ How Long _____
 Street City State Zip
 Street City State Zip

UNEXPIRED LICENSE

Section 383.21 FMCSR states "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State License Number Type Expiration Date / Signature Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO Has any license, permit, or privilege ever been suspended or revoked? YES NO If the answer to either question is yes, give details: _____

EXPERIENCE AND QUALIFICATION – OTHER

Accident record for past three years or more (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	FATALITIES	INJURIES
_____	_____	_____	_____
_____	_____	_____	_____

Traffic convictions and forfeitures for the past three years (other than parking violations).

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate # of Miles Total
		From	To	
Straight Truck	_____	_____ / _____	_____	_____
Tractor & Semi-Trailer	_____	_____ / _____	_____	_____
Tractor – Two Trailers	_____	_____ / _____	_____	_____
Other	_____	_____ / _____	_____	_____

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). Any gaps in employment must be explained.

LAST EMPLOYER: Name _____ Address _____
 Phone _____ Position Held _____ From _____ To _____
 Reason for Leaving _____
 SECOND LAST EMPLOYER: Name _____ Address _____
 Phone _____ Position Held _____ From _____ To _____
 Reason for Leaving _____
 THIRD LAST EMPLOYER: Name _____ Address _____
 Phone _____ Position Held _____ From _____ To _____
 Reason for Leaving _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____