



EMPLOYMENT APPLICATION

(PLEASE PRINT)

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ ORIENTATION TAPE: _____
 MVR REQUESTED: _____ DRIVERS TEST: _____
 PHYSICAL EXAM: _____ STARTING DATE: _____
 EMPLOYEE GUIDE: _____ STARTING RATE: _____

DATE: _____

NAME: _____ PHONE: (_____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

POSITION APPLIED FOR: _____

TYPE OF SPECIAL QUALIFICATIONS: _____

ARE YOU PHYSICALLY CAPABLE OF PERFORMING HEAVY MANUAL LABOR? YES NO

CAN YOU WORK OUTDOORS IN THE COLD/HEAT/SNOW/RAIN? YES NO

CAN YOU TRAVEL IF JOB REQUIRES OUT-OF-TOWN WORK? YES NO ARE YOU AVAILABLE FOR WEEKEND WORK? YES NO

DO YOU HAVE RELATIVES WORKING AT THIS COMPANY? YES NO IF YES, WHO? _____

HOW WERE YOU REFERRED TO THIS COMPANY? _____

IN CASE OF EMERGENCY, NOTIFY: _____ RELATIONSHIP: _____ PHONE: (_____) _____

DRIVING EXPERIENCE and LICENSE INFORMATION

DRIVERS LICENSE NO. _____ STATE ISSUED: _____ EXPIRES ON: _____

SOCIAL SECURITY NO. _____ ARE YOU AT LEAST 21 YEARS OF AGE? YES NO

DO YOU HOLD LICENSES IN STATES OTHER THAN THOSE LISTED ABOVE? YES NO IF YES, EXPLAIN: _____

TYPE OF LICENSE (CLASS): _____ ENDORSEMENTS: _____

YEARS TRUCK DRIVING: _____ STRAIGHT TRUCK: _____ TRACTOR-TRAILER: _____ OTHER: _____

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, WHY? _____

VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES SUSTAINED
LAST ACCIDENT: _____	_____	_____	_____
NEXT PREVIOUS: _____	_____	_____	_____
NEXT PREVIOUS: _____	_____	_____	_____

TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS - OTHER THAN PARKING TICKETS (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT HISTORY

Please provide the following information concerning each of your employers, for at least the last three (3) years, starting with your present or most recent position.

DATES FROM-TO	COMPANYNAME & ADDRESS	PHONE NUMBER	JOB TITLE & JOB DUTIES	SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING

If there have been any gaps in your employment during the last three years, please provide details in the space provided here:

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE UNITED STATES MILITARY? YES NO IF YES, WHAT BRANCH: _____

SERVICE DATES: FROM _____ TO _____

RANK AT DISCHARGE: _____ WAS YOUR DISCHARGE "DISHONORABLE"? YES NO

IF YES, EXPLAIN: _____

SPECIALIZED TRAINING: _____

EDUCATION

SCHOOL	NAME & LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	
HIGH SCHOOL			YES <input type="checkbox"/>	NO <input type="checkbox"/>
TECHNICAL SCHOOL			YES <input type="checkbox"/>	NO <input type="checkbox"/>
COLLEGE			YES <input type="checkbox"/>	NO <input type="checkbox"/>
OTHER			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide any additional information; such as special trades or skills that would assist us in making our hiring decision:

REFERENCES

Please list three people, who are not related to you and who are not previous supervisors, that you have known for at least one year, and whom we may contact as additional references.

NAME	RELATIONSHIP	YEARS KNOWN	PHONE NUMBER	ADDRESS

Have you been convicted of a crime in the past ten (10) years, other than minor traffic violations? YES NO

If yes, describe in detail: _____

APPLICANT'S STATEMENT

I CERTIFY MY STATEMENTS ARE TRUE AND COMPLETE.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Company.

I AUTHORIZE THE COMPANY TO DO A BACKGROUND INVESTIGATION.

I hereby authorize the Company to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment and, further authorize my former employers or any third party to disclose to the Company all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Company, former employers, any third parties and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I UNDERSTAND THERE ARE HIRING EXAMINATIONS/TESTING REQUIREMENTS.

I understand and agree that if I am extended an offer of employment, that offer is subject to revocation in the event I fail medical examinations and related testing required for employment in this industry. I further understand and agree that my continued employment is conditioned on passing all necessary medical examinations, drug screens, alcohol tests and related procedures required by law or company policy. I consent to these examinations/testing and request that the results of such test(s) be disclosed to the Company and I hereby release the Company, its employees and agents, from any and all legal liability flowing from my taking such examinations/tests or my failure or refusal to take such examinations/tests.

I UNDERSTAND THAT COMPANY PROCEDURES WILL BE FOLLOWED.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me. If hired, I agree to abide by all Company work rules, policies and procedures relating to work performance and conduct.

THIS APPLICATION WILL BE KEPT ACTIVE FOR 30 DAYS. IF YOU ARE STILL INTERESTED IN EMPLOYMENT AFTER 30 DAYS, YOU MUST REAPPLY IN PERSON.

Signature of Applicant: _____ *Date:* _____

SUPPLEMENTAL INFORMATION SHEET

To be completed only after job offer has been made to applicant.

PERSONAL INFORMATION

SINGLE MARRIED DIVORCED DATE OF BIRTH: _____

NUMBER OF DEPENDENT CHILDREN: _____ AGES: _____

OTHER DEPENDENTS: _____

EXPLAIN: _____

DO YOU RENT OR OWN YOUR RESIDENCE? _____

Have you suffered any non-job related injuries or illnesses which required you to miss more than five (5) consecutive work days? YES NO If yes, explain the nature of each injury or illness:

DATE	NATURE OF INJURY OR ILLNESS	NUMBER OF DAYS AWAY FROM WORK

Have you ever lost time from work or received worker's compensation benefits as a result of a job-related injury? YES NO If yes, explain the nature of each injury:

DATE	NATURE OF INJURY OR ILLNESS	NUMBER OF DAYS AWAY FROM WORK

If you served in the military, did you suffer any injury or illness which required you to miss more than five (5) consecutive days of active duty? YES NO If yes, explain the nature of each injury:

DATE	NATURE OF INJURY	NUMBER OF DAYS AWAY FROM ACTIVE DUTY

I CERTIFY MY STATEMENTS ARE TRUE AND COMPLETE.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application or dismissal if I have been employed, no matter when discovered by the Company.

Signature of Applicant: _____ Date: _____