

# 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.**

*(PLEASE PRINT)*

Position(s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other

Last Name:	First Name:	Middle Name:
Address	City	State
Telephone Number(s)	Zip Code	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date:

Have you ever been employed with us before?  Yes  No

If Yes, give date:

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work?

Are you available to work:  Full Time  Part Time

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel is a job requires it?  Yes  No

Have you ever been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment

If yes, please explain:

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
College/ University				
Trade School/ Specialized Training				
Other Education (Specify)				

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skill and extra-curricular activities:

Describe any job-related training received in the United States military:

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer:	Date Employed: From:                      To:	Work Performed:
	Address:	Telephone Number(s):	
	Job Title:	Hourly Rate/Salary: Starting:                      Final:	
	Supervisor:		
	Reason for Leaving:		
2.	Employer:	Date Employed: From:                      To:	Work Performed:
	Address:	Telephone Number(s):	
	Job Title:	Hourly Rate/Salary: Starting:                      Final:	
	Supervisor:		
	Reason for Leaving:		
3.	Employer:	Date Employed: From:                      To:	Work Performed:
	Address:	Telephone Number(s):	
	Job Title:	Hourly Rate/Salary: Starting:                      Final:	
	Supervisor:		
	Reason for Leaving:		
4.	Employer:	Date Employed: From:                      To:	Work Performed:
	Address:	Telephone Number(s):	
	Job Title:	Hourly Rate/Salary: Starting:                      Final:	
	Supervisor:		
	Reason for Leaving:		

**If you need additional space, please continue on a separate sheet of paper.**

List professional, trade business or civic activities and offices held.

*You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

## Additional Information

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

### Specialized Skills

### Check Skills/Equipment Operated

- |  |  |                                    |               |
|--|--|------------------------------------|---------------|
| <input type="checkbox"/> PC                | <input type="checkbox"/> Fax           | Production/Mobile Machinery (list) | Other (list): |
| <input type="checkbox"/> Calculator        | <input type="checkbox"/> PowerPoint    |                                    |               |
| <input type="checkbox"/> Microsoft Word    | <input type="checkbox"/> Access        |                                    |               |
| <input type="checkbox"/> Excel Spreadsheet | <input type="checkbox"/> Other (list): |                                    |               |

**State any additional information you feel may be helpful to us in considering your application.**

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

### References

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

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 ever been suspended or revoked:      Yes  No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

# Applicant's Statement

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**THE REMAINDER OF THIS APPLICATION IS FOR PERSONNEL USE ONLY.**

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview:  Yes  No

Remarks:

Employed  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_ Department: \_\_\_\_\_

Position(s) Applied For is Open:  Yes  No

Position(s) Considered For:

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title

Notes

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_