



Application For Employment: Position you are applying for: _____

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, marital status, national origin, or presence of a non-job related condition or handicap.

Please answer all questions and print clearly.

Date of Application: ____ / ____ / ____ (mm/dd/yyyy)

Applicant Name: _____
Last First Middle Initial Social Security No.

Mailing Address: _____
Street City State Zip

How long have you lived at this address?: _____ (Years/Months)

Address for past three years, if different from above: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email Address: _____

Do you own a hands-free device?: _____ (Y/N) If so, describe: _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) Can you provide proof of your age?: ____ (Y/N)

Do you have legal rights to work in the United States?: _____ (Yes/No)

Are you currently employed?: _____ (Yes/No)

If not, how long has it been since your last employment?: _____ (Years/Months)

Who referred you?: _____ Rate of pay expected?: _____ (Hourly/Annually)

Do you have your own transportation (own vehicle)?: _____ (Yes/No)

What type of work schedule are you looking for?: (Circle All That Apply)

Weekdays Weekends One Day Work Multi-Day Work Long Distance

Do you have an Enhanced Driver's License or Passport?: _____ (Yes/No + Circle All That Apply)



Physical History

Do you have any physical conditions which may limit you to perform the job applied for?: __ (Y/N)

If yes, what can be done to accommodate your limitation?: _____

How much time, if any, was lost from work in the past three years?: _____

Would you be willing to take a physical examination? _____ (Yes/No)

All Driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in reverse order, starting with the most recent.

Add another sheet as necessary

Employment

Please Print

Table with 2 columns: Employer info (Address, City, State, Zip, Contact Person) and Dates/Details (Date Start, Date End, Position, Wage, Reason For Leaving)

Table with 2 columns: Employer info (Address, City, State, Zip, Contact Person) and Dates/Details (Date Start, Date End, Position, Wage, Reason For Leaving)

Table with 2 columns: Employer info (Address, City, State, Zip, Contact Person) and Dates/Details (Date Start, Date End, Position, Wage, Reason For Leaving)



Accident Record For The Past 3 Years Or More

Date(s)	Nature of Accident	Fatalities	Injuries

Traffic Convictions And Forfeitures For The Past 3 Years Other Than Parking Violations

Location	Date	Charge	Penalty

Education

Last school attended?: _____

Name: _____ City: _____ State: _____

Graduated?: _____ (Yes/No)



Experience and Qualifications - Driving

Drivers License	State	License No.	Type	Expiration	Points

Have you ever been denied a license, permit or privilege to operate a motor vehicle?: _____ (Y/N)

Has any license, permit or privilege ever been suspended or revoked?: _____ (Yes/No)

If yes, please explain: _____

What states are you familiar with? (List All That Apply): _____

Please list any courses, driving awards or special equipment, etc. that you would like to be taken into consideration for this position: _____

To Be Read And Signed By Applicant

This certifies that this application as completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters s may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment had been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge I understand also, that I am required to abide by all rules and regulation of the Company.

Applicant's Signature

Date