



Application for Employment

In compliance with Federal and State employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. A background check is performed on all new employees. Please complete all of application. There is a section on the last page for additional information.

Position Applied for: _____ Date: _____

Drivers License # _____ Social Security # _____

Name _____
Last First Middle

Address _____
Street City State Zipcode

Telephone # (____) _____ Email: _____

CITIZENSHIP (proof will be required prior to employment)

____ U.S. Citizen ____ Non-U.S. Citizen, status: _____

ELIGIBILITY (proof will be required prior to employment)

____ Over 18 years of age ____ Under 18 with eligibility _____

Have you ever filed an application with us before? ____ Yes, give date _____ ____ No

Have you ever been employed with us before? ____ Yes, give date _____ ____ No

Have you ever been convicted of a crime? (except minor traffic violations):

____ NO ____ YES; please list conviction and date _____

Are you currently employed? ____ Yes ____ No

May we contact your present employer? ____ Yes ____ No

On what date would you be available for work? _____

Are you available to work: ____ Full Time ____ Part Time ____ Shift Work ____ Temporary

EDUCATION

Select highest grade completed: _____ College: _____

Beyond College (please specify): _____

Special training, workshops, or certification: _____

EMPLOYMENT HISTORY

1.)

| | | |
|----------|---------------|----------------------|
| EMPLOYER | TELEPHONE NO. | IMMEDIATE SUPERVISOR |
|----------|---------------|----------------------|

| | |
|-----------|---------------------|
| JOB TITLE | DATES OF EMPLOYMENT |
|-----------|---------------------|

TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

2.)

| | | |
|----------|---------------|----------------------|
| EMPLOYER | TELEPHONE NO. | IMMEDIATE SUPERVISOR |
|----------|---------------|----------------------|

| | |
|-----------|---------------------|
| JOB TITLE | DATES OF EMPLOYMENT |
|-----------|---------------------|

TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

3.)

| | | |
|----------|---------------|----------------------|
| EMPLOYER | TELEPHONE NO. | IMMEDIATE SUPERVISOR |
|----------|---------------|----------------------|

| | |
|-----------|---------------------|
| JOB TITLE | DATES OF EMPLOYMENT |
|-----------|---------------------|

TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

REASON FOR LEAVING

REFERENCES List name and telephone number of three (3) references not related to you.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was 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 regarding related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information on connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

| | |
|--|------|
| Applicant's Name (online application) or Signature (fax application) | Date |
|--|------|

Experience and Qualifications – Driver

1. Please list all driver licenses you have held

| State | License number | Type | Expiration Date |
|-------|----------------|------|-----------------|
| | | | |
| | | | |
| | | | |

2. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

3. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

If the answer to question 2 or 3 is yes, please give details in the “Additional Information” section of this application.

DRIVING EXPERIENCE If none, write none.

| Class of Equipment | Type of equipment | Date From: | Date To: | Approx. No. of miles (total) |
|----------------------------|-------------------|------------|----------|------------------------------|
| Straight truck | | | | |
| Tractor and Semi - trailer | | | | |
| Tractor –Two trailers | | | | |
| Motorcoach- School bus | | | | |
| Other | | | | |

List States operated in for the last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD for past 3 years or more. If none, write none.

| Dates | Nature of Accident | Fatalities | Injuries |
|-------|--------------------|------------|----------|
| | | | |
| | | | |
| | | | |

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations).

If none, write none.

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

