

*Our company is an Equal Opportunity employer that employs in compliance with all applicable laws. We do not discriminate because of sex, age, race, color, religious creed, marital status, national origin, ancestry, disability, genetic predisposition, military status or handicap.*

Employment Application

APPLICANT INFORMATION					
Last Name:	<input type="text"/>	First:	<input type="text"/>	M.I. <input type="checkbox"/>	Date: <input type="text"/>
Street Address:	<input type="text"/>			Apartment/Unit # <input type="text"/>	
City:	<input type="text"/>	State:	<input type="text"/>	ZIP <input type="text"/>	
Phone:	<input type="text"/>	E-mail Address: <input type="text"/>			
Date Available:	<input type="text"/>	Social Security No.	XXXXXXXXXXXX	Desired Salary: <input type="text"/>	
Position Applied for: <input type="text"/>					
Full-time	<input type="checkbox"/>	Part-time	<input type="checkbox"/>	Fill-in	<input type="checkbox"/>
Summer	<input type="checkbox"/>				
Are you 18 years or older	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in the US	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	<input type="text"/>	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	<input type="text"/>	
Do you have a valid driver's license? (Only answer this question if specifically asked to)					
	YES <input type="checkbox"/>			NO <input type="checkbox"/>	
Can you travel if a job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>					
EDUCATION					
High School	<input type="text"/>	Address <input type="text"/>			
From	<input type="text"/>	To	<input type="text"/>	Highest grade completed?	<input type="text"/>
				Degree	<input type="text"/>
College	<input type="text"/>		Address <input type="text"/>		
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
				Degree	<input type="text"/>
Other	<input type="text"/>		Address <input type="text"/>		
From	<input type="text"/>	To	<input type="text"/>	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
				Degree	<input type="text"/>
REFERENCES					
Please list three professional references.					
Full Name	<input type="text"/>		Relationship	<input type="text"/>	
Company	<input type="text"/>		Phone	<input type="text"/>	
Address <input type="text"/>					
Full Name	<input type="text"/>		Relationship	<input type="text"/>	
Company	<input type="text"/>		Phone	<input type="text"/>	

Address <input type="text"/>	
Full Name <input type="text"/>	Relationship <input type="text"/>
Company <input type="text"/>	Phone <input type="text"/>
Address <input type="text"/>	

**PREVIOUS EMPLOYMENT**

Company <input type="text"/>		Phone <input type="text"/>	
Address <input type="text"/>		Supervisor <input type="text"/>	
Job Title <input type="text"/>	Starting Salary \$ <input type="text"/>	Ending Salary \$ <input type="text"/>	
Responsibilities <input type="text"/>			
From <input type="text"/>	To <input type="text"/>	Reason for Leaving <input type="text"/>	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company <input type="text"/>		Phone <input type="text"/>	
Address <input type="text"/>		Supervisor <input type="text"/>	
Job Title <input type="text"/>	Starting Salary \$ <input type="text"/>	Ending Salary \$ <input type="text"/>	
Responsibilities <input type="text"/>			
From <input type="text"/>	To <input type="text"/>	Reason for Leaving <input type="text"/>	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company <input type="text"/>		Phone <input type="text"/>	
Address <input type="text"/>		Supervisor <input type="text"/>	
Job Title <input type="text"/>	Starting Salary \$ <input type="text"/>	Ending Salary \$ <input type="text"/>	
Responsibilities <input type="text"/>			
From <input type="text"/>	To <input type="text"/>	Reason for Leaving <input type="text"/>	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

In what branch of the Armed Forces did you serve?

What type of training or education did you receive in the military?

**DISCLAIMER AND SIGNATURE**

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree to conform to the company's rules and regulations, which I understand are subject to change by the company. I understand that my employment may be terminated with or without cause and with or without notice. I also understand and agree that the terms of employment may be changed at any time by the company. I give the company permission to contact all or any of my previous employers and references and authorize them to provide all information requested of them by this company. I authorize you to obtain, use and rely upon that information in relation to my application. I have provided truthful and complete responses to all inquires in this application and understand that the discovery of any falsification or omission constitutes grounds for immediate dismissal.

Signature  Date

*DRIVER ADDENDUM*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

*RESIDENCE PAST 3 YARS*

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

*EXPERIENCE AND QUALIFICATIONS*

**MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!**

Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE#	EXPIRATION DATE	CALSS A, B,	ENDORSEMENTS

*DRIVING EXPERIENCE*

Equipment Class	Type of Equipment Van, Flat, Tank, etc.	Dates From	To	Approx # of Miles Total
Straight Truck				
Tractor Semi Trailer				
Tractor w/Doubles				
Tractor w/Triples				
Tractor w/Tank				
Other				

*ACCIDENTS/CRASHES FOR THE PAST 3 YEARS OR MORE*

Date	Nature of Accident (Backing, Head-on, Rollover, Turning	Fatalities	Injuries

*MOVING TRAFFICE CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS*

Date of Conviction	Offense	Location	Type of motor Vehicle Operated