



Employment Application

Date: _____

PERSONAL INFORMATION

Last Name:		First Name:		Middle Initial or Name:
Current Address:		City, State		Zip Code
Cell Number	E-Mail Address:			
Social Security Number:				
Upon employment, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony which has not been expunged or sealed by a court?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you operate a Commercial Motor Vehicle for this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to the Federal Motor Carrier Safety Administration Regulations while employed with this employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Address for the past three (3) Years if different from above:

Previous Address:	City, State	Zip Code
Previous Address:	City, State	Zip Code

POSITION APPLYING FOR:

Position Desired:	Salary Desired:
How were you referred? <input type="checkbox"/> Employment Referral <input type="checkbox"/> Web Site <input type="checkbox"/> Newspaper <input type="checkbox"/> Other Employee (<i>please list who</i>)	
Date Available to Start:	Available to Work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary

EDUCATION

School Name	City, State	Major Course of Study	Highest Grade Completed	Diploma/Degree
HIGH SCHOOL			Did you complete High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				
BUSINES, TECHNICAL, TRADE SCHOOL				
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED				
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED				

SPECIALIZED SKILLS (Skills/Equipment Operated)

WHAT PROFESSIONAL JOB RELATED LICENSES DO YOU HOLD?

WORK EXPERIENCE Please provide information on past employers during the preceeding 10 years, beginning with the most recent. If you need more room, you may attach another sheet of paper.

EMPLOYER:		ADDRESS:		CITY/STATE:
PHONE NUMBER:		SUPERVISOR:		MAY WE CONTACT?
DATES EMPLOYED:		START RATE OF PAY:		FINAL RATE OF PAY:
FROM:	TO:	\$		\$
WORK PERFORMED:				
REASON FOR LEAVING:				
List type of Commerical Motor Vehicle or Equipment operated for this Employer: (Tractor Trailer, Bobtail, Straight Truck, Forklift, Applicationr, Etc.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYER:		ADDRESS:		CITY/STATE:
PHONE NUMBER:		SUPERVISOR:		MAY WE CONTACT?
DATES EMPLOYED:		START RATE OF PAY:		FINAL RATE OF PAY:
FROM:	TO:	\$		\$
WORK PERFORMED:				
REASON FOR LEAVING:				
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<input type="checkbox"/> Yes <input type="checkbox"/> No				

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<input type="checkbox"/> Yes <input type="checkbox"/> No				

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REASON FOR LEAVING:				
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<input type="checkbox"/> Yes <input type="checkbox"/> No				

STATE WHEATHER YOU HAVE EVER BEEN TERMINATED OR SUSPENDED FROM ANY PREVIOUS EMPLOYMENT AND DISCRIBE THE CIRCUMSTANCES.

WOULD YOU CONSIDER RELOCATION?

No Yes. If Yes, please list limitations:

WOULD YOU TRAVEL IF NECESSARY?

No Yes. If Yes, please list restrictions:

Experience and Qualifications - (for CDL Drivers only)

Drivers License # _____ State: _____ Expiration Date: _____

List Traffic Convictions and Forfeitures for the past three (3) years (Other than Parking Violations)
If you have not had any convictions in the past three years than write, NONE, in the space provided.

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty

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

Yes No

Have any license, permit or privilege ever been suspended or revoked?

Yes No

(If the answer is yes to either of the two previous questions, give a detailed statement below)

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE

	Nature of Accident				
	Date	(Head-on, Rear-end, Upset, Etc	Fatality	Injury	Non-Injury
Last Accident:					
Next Previous:					
Next Previous:					
Next Previous:					
Next Previous:					

PERSONAL REFERENCES - Give names of three persons to whom you are not related and by whom you have not been employed.

NAME/ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN

CONDITIONS FOR EMPLOYMENT:

Please read the following statements carefully as they constitute conditions for employment.

1. The information that I have provided on this application is accurate and true to the best of my knowledge.

2. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination from employment.

3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide information that may be requested to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers and other organizations from any liability rising from the disclosure of any of the above information whether in writing or orally, and further waive and release this company from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.

4. I will be able, if hired, to certify that I am authorized to work in the United State of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

5. In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that either the company or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the President of the company may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the President.

6. Although the company makes every effort to accommodate individual preferences, business needs may make the following conditions necessary: Overtime, or a work schedule that includes Saturday and/or Sunday. I understand and accept these as conditions of my employment.

7. I agree to protect confidential information, trade secrets, and proprietary information of the company, and of the company's vendors, licensors, marketing partners or clients entrusted to the company, and I will not disclose to the company any confidential information of others, as stated in the Confidentiality Agreement.

<i>Signature</i>	<i>Date</i>
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Thank you for taking the time to complete our Employment Application.
The Employment Application will only be valid for 90 days from the date of the application.