

# APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

## Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ How Long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Are you either a U.S. Citizen or an Alien authorized to work in the United States: \_\_\_\_\_ Yes \_\_\_\_\_ No

## Employment Desired

Position: \_\_\_\_\_ Date you can start: 5/1/2023 Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ Yes \_\_\_\_\_ No If so may we inquire of your present employer \_\_\_\_\_

Ever applied to this Company before? \_\_\_\_\_ Yes \_\_\_\_\_ No If so when? \_\_\_\_\_

Referred By: \_\_\_\_\_ Name & Department \_\_\_\_\_

Will you abide by the policies, procedures and rules of this company \_\_\_\_\_ Yes \_\_\_\_\_ No

If injured, will you accept the medical facilities recommended by your employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Education

Grade/High School – Last Completed \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_

College Yes \_\_\_\_\_ No \_\_\_\_\_ Course of study \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_

Vocational School Yes \_\_\_\_\_ No \_\_\_\_\_ Course of study \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_

Training/Apprenticeships yes \_\_\_\_\_ No \_\_\_\_\_ Course of study \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_

Special Skills: \_\_\_\_\_

U.S. Military or Navel Service \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves \_\_\_\_\_

### Former Employers

NOTE: DOT requires that employment for at least 3-years and/or commercial driving experience for the past 10-years be shown

<b>Date Month/ Year</b>	<b>Name &amp; Address of Employer</b>	<b>Salary</b>	<b>Position</b>	<b>Reason for Leaving</b>
From: To:				
From: To:				
From: To:				
From: To:				

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand that alcoholic beverages or drugs are forbidden from the job site and also understand that use of alcohol or drugs may be grounds for discharge.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no defined period and may, regardless of the date of payment of my wage and salary be terminated at any time without prior notice and without cause.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_