

APPLICATION FOR EMPLOYMENT

COMPANY NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP CODE _____

(ANSWER ALL QUESTIONS - PLEASE PRINT)

In compliance with Federal and State equal 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.

POSITION(S) APPLIED FOR _____

SIGNATURE OF APPLICANT _____ DATE _____

NAME _____ PHONE _____ SOCIAL SEC. NO. _____

FIRST MIDDLE LAST

ADDRESS _____ HOW LONG? _____

STREET CITY STATE & ZIP CODE

ADDRESSES FOR PAST THREE YEARS

_____ HOW LONG? _____

STREET CITY STATE & ZIP CODE

_____ HOW LONG? _____

STREET CITY STATE & ZIP CODE

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____

ARE YOU 21 YEARS OF AGE OR OVER? _____ DATE OF BIRTH _____ (ANSWER ONLY IF APPLYING FOR DRIVING POSITION)

IN CASE OF EMERGENCY NOTIFY: _____

NAME

ADDRESS

PHONE

POSITION APPLIED FOR _____ TEMPORARY OR FULL TIME _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____

DATES: FROM _____ TO _____ RATE OF PAY _____ POSITION _____

REASON FOR LEAVING _____

NAMES OF RELATIVES IN OUR EMPLOY _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? _____

WHO REFERRED YOU _____ RATE OF PAY EXPECTED _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)?

If yes, explain if you wish. _____

EMPLOYMENT RECORD

NOTE: List Past Employment for at Least 10 Years.
(Attach Sheet if More Space is Needed)

LAST EMPLOYER _____ PHONE _____ CONTACT _____
 ADDRESS _____
 JOB DESCRIPTION _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

SECOND LAST EMPLOYER _____ PHONE _____ CONTACT _____
 ADDRESS _____
 JOB DESCRIPTION _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

THIRD LAST EMPLOYER _____ PHONE _____ CONTACT _____
 ADDRESS _____
 JOB DESCRIPTION _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

FOURTH LAST EMPLOYER _____ PHONE _____ CONTACT _____
 ADDRESS _____
 JOB DESCRIPTION _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

FIFTH LAST EMPLOYER _____ PHONE _____ CONTACT _____
 ADDRESS _____
 JOB DESCRIPTION _____ FROM _____ TO _____ SALARY _____
 REASONS FOR LEAVING _____

MILITARY STATUS

RANK AT DISCHARGE _____
 HAVE YOU SERVED IN THE U. S. ARMED FORCES? _____ BRANCH _____ DATE: FROM _____ TO _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED _____
 NAME ADDRESS

GENERAL

ARE YOU BONDABLE? _____
 HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, GIVE DETAILS.
 (YOUR RESPONSE WILL NOT NECESSARILY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT) _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER'S LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____
- B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____
- C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations? YES _____ NO _____
 IF THE ANSWER TO EITHER A, B OR C IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR 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 REVIEW FOR PAST 10 YEARS (Attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 10 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS—MAINTENANCE

List courses and training in maintenance work _____

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:	TRAINING (CHECK)	YEARS OF EXPERIENCE
Drive Train Components *Diesel Engine (indicate make of engine) Tune Up Rebuild		
*Gasoline Engine (indicate make of engine) Tune Up Rebuild		
*Gearing System Transmission Rear End		
Brakes *Air *Hydraulic		

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING:	TRAINING (CHECK)	YEARS OF EXPERIENCE
Cooling System		
Electrical Repair		
Air Conditioning/Refrig.		
Tire Service *Wheel Change *Flat Repair		
Frame & Wheel Alignment		
Body Work		
Trailer Repair		
Other (specify)		

INDICATE EQUIPMENT YOU CAN OPERATE	TRAINING (CHECK)	YEARS OF EXPERIENCE
Welding Equipment *Electric Arc *Hel-Arc		
*Wire Feed *Oxyacetylene Torch		
Frame & Axle Straightening Equipment		
Injector & Fuel Pump Rebuilding Equipment		
Wheel & Tire Balancing Equipment		

INDICATE EQUIPMENT YOU CAN OPERATE	TRAINING (CHECK)	YEARS OF EXPERIENCE
Tire Recapping Equipment		
Engine/Chassis Dynamometer		
Magnetic Crack Detection Equipment		
Engine Analyzer		
Emission Measurement Equipment		
Paint Spray Booth/Equipment		
Other (specify)		

