

LEADING-EDGE SERVICES, INC.

19348 Main St. Buchanan, VA 24066 (P) 540-525-4592 (F) 540-254-8009

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
What will you accept:	Fulltime	Part-time	Temporary/Seasonal
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	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?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS THREE YEARS RESIDENCY	
<i>Please list previous three years residency</i>	
Street	State & Zip
City	# Yrs
Street	State & Zip
City	# Yrs
Street	State & Zip
City	# Yrs

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one drivers license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License No.	Type	Expiration Date

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				

PREVIOUS EMPLOYMENT

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

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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.

Signature

Date