



Application for Employment

EEO Information

Name: _____
Last First Middle Date

Address: _____
Street City State Zip Phone Number

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY DATA

The following information is voluntary. The data provided will be used solely in connection with affirmative action efforts. It will help us to assess the representation of a diverse workforce. Your cooperation in providing us with the data requested is appreciated. Ardent Traffic Services, Inc. is an Equal Employment Opportunity Employer.

Ethnicity: Please mark the Racial/Ethnic group with which you identify (Check only one)

- African-American, Non-Hispanic
- Asian or Pacific Islander
- White, Non-Hispanic
- Native American
- Hispanic
- Other

Gender:

- Female
- Male

Date Of Birth: _____
MM/DD/YYYY

This page is to be removed by the EEO Officer / Designee prior to referral.



Application for Employment

Answer all questions. Type or print in blue or black ink.

Position applying for: _____

Date of application: _____

Pay Expected: _____

How did you hear about Ardent? Newspaper Internet Employment Agency Job Site Employee Other _____

Personal Information

Name: Last _____ First _____ Middle _____ Social Security Number(optional) _____

Phone: Cell _____ Phone: Alternate _____ Email Address: _____

Current Address: Street _____ City _____ State _____ Zip _____ Dates: _____

Address for past three years: Street _____ City _____ State _____ Zip _____ Dates: _____

Address for past three years: Street _____ City _____ State _____ Zip _____ Dates: _____

General Questions

- Yes No Yes No
- Do you have a legal right to be employed in the U.S.? (If "yes", proof will be **Required & Verified** upon Employment) Are you of Legal Age to work?
- Are you currently employed by Ardent Traffic Services, Inc? Position: _____
- Have you worked for Ardent Traffic before? Location: _____ Dates From: _____ To: _____ Position: _____
Reason for leaving: _____
- Are you currently employed somewhere else? If "no", how long since your last employment? _____
- Is there any reason you may be unable to perform the job for which you have applied (as described in the job description)? If "yes", please explain: _____

Education/Certifications

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5 6 _____

Last school attended: _____ Location (City & State): _____

List any other training or skill, which you feel are important: _____

Certification Description (Type)	Issuer	Issued Date	Expiration Date

Previous Employment

Applicants must provide the following information on all employers during the preceding 5 years (drivers list 10 years). Start with most recent. Any employment gaps longer than 1 month must be explained. Use Additional Sheets as necessary.

- Company Name: _____ Address: _____
Phone Number: _____ Employed From: _____ To: _____ Supervisor: _____
Position: _____ Reason for Leaving: _____ Email: _____
Employment Gap? Explain: _____
- Company Name: _____ Address: _____
Phone Number: _____ Employed From: _____ To: _____ Supervisor: _____
Position: _____ Reason for Leaving: _____ Email: _____
Employment Gap? Explain: _____
- Company Name: _____ Address: _____
Phone Number: _____ Employed From: _____ To: _____ Supervisor: _____
Position: _____ Reason for Leaving: _____ Email: _____
Employment Gap? Explain: _____
- Company Name: _____ Address: _____
Phone Number: _____ Employed From: _____ To: _____ Supervisor: _____
Position: _____ Reason for Leaving: _____ Email: _____
Employment Gap? Explain: _____
- Company Name: _____ Address: _____
Phone Number: _____ Employed From: _____ To: _____ Supervisor: _____
Position: _____ Reason for Leaving: _____ Email: _____
Employment Gap? Explain: _____
- Company Name: _____ Address: _____
Phone Number: _____ Employed From: _____ To: _____ Supervisor: _____
Position: _____ Reason for Leaving: _____ Email: _____
Employment Gap? Explain: _____



Application for Employment

Driving Eligibility Commercial or Non-Commercial Vehicles

Experience and Qualifications

Driver Licenses:	State	License Number	Type	Expiration Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Accidents and Violations

List all traffic crashes for the last three (3) years, start with the most recent. Attach additional sheets if necessary.

	Date	Nature (head-on, rear-end, etc.)	Fatalities		Injuries	
			Yes	No	Yes	No
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all traffic convictions and forfeitures for the past three (3) years (other than parking violations). Attach additional sheets if necessary.

	Date	Location	Charge	Penalty
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

- Yes No**
 Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Has any license, permit or privilege ever been suspended or revoked?
If the answer to either of the previous questions is "yes" attach a sheet giving the details.

Driving/Operating Experience

Type of Equipment (van, tank, flat, loader, crane, etc.)	State	Dates		Approximate Miles/Hours (Total)
		To	From	
Straight Truck _____	_____	_____	_____	_____
Tractor & Semi Trailer _____	_____	_____	_____	_____
Tractor - Two Trailers _____	_____	_____	_____	_____
Heavy Equipment _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List states operated in last five years: _____
 Show special courses or training that will help you in this position (if other than listed on previous page): _____

 Which safety awards do you hold and from whom? _____

Applicant Read and Sign

This certifies that this application and all attachments were completed by me and that all entries on them and information in them are true and complete to the best of my knowledge.
 I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.
 I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.
 In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I also understand, that I am required to abide by all of the rules and regulations of Ardent Traffic Services, Inc. in the event I am hired.
Ardent Traffic Services, Inc. is an at will employer. All employment is at the free will of both the employer and the employee.
Ardent Traffic Services, Inc. is an Equal Employment Opportunity Employer.

 Applicant signature Date

 Received by Date Time Via



Application for Employment

Request for Information from previous employer

The information contained in this document is CONFIDENTIAL and is intended only for the listed recipient. If you received this by accident please contact us immediately at the phone number listed at the bottom of the page and return this form to the above address via U.S. Mail "Postage Paid by Receiver"

Section 1: To be completed by Prospective Employee

Please list previous employers (start with current employer and include 10 years history)

Applicants must provide the following information on all employers during the preceding 5 years (drivers list 10 years). Start with most recent. Any employment gaps longer than 1 month must be explained. Use Additional Sheets as necessary.

1. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

2. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

3. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

4. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

5. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

6. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

7. Company Name: _____ Attention of: _____
 Phone Number: _____ Fax Number: _____ Dates Employed: _____ To _____

I, The undersigned authorize the above employer to release the following information to Jalisco International, Inc. for the purpose of investigation, as required by Sections 391.23.982.405 and 382.413 of the Federal Motor Carrier Safety Regulations. You are release from any and all liability which may result from furnishing such information:

Name: Last _____ First _____ Middle _____ Social Security Number(optional) _____
 Signature _____ Date: _____ Date of Birth _____

Dear Sir/Madam: _____ Date Sent: _____

The above-named individual has made application to our company. Please complete and fax this form to the attention of HR Manager at (303) 557-7979.

Section 2: To be completed by PREVIOUS Employer

Dates of Employment: From _____ To _____ Position Held: _____

Yes No

Did he/she drive a commercial motor vehicle for your company? Type: _____

Was he/she a safe and efficient driver?

Was his or her general conduct satisfactory?
 Reason for leaving: _____

Was his or her general conduct satisfactory?

Please advised on the past three years driving record if available: _____

B. Has This person ever:

Yes No

Tested positive for a controlled substance in the last two years?

Had and alcohol test with a BAC of 0.04 or greater in the last two years?

Refused a required test for drugs or alcohol is the last two years?

Additional Information related to the above: _____

If "yes" to any of the above questions, please list the SAP's following information for further reference:

Name: _____ Company: _____
 Address (Full): _____
 Phone: _____ Fax: _____ Email: _____

C. Personal Reference:

Characteristics	Excellent	Good	Fair	Poor		Excellent	Good	Fair	Poor
Disposition, tact ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any other remarks: _____

Form Completed by:

Print Name: _____ Company: _____
 Signature: _____ Title: _____ Date: _____