

## EMPLOYMENT APPLICATION

	Date:			
(Please TYPE or PRINT – Complete all sections, even if a resume is submitted)				
Name (First, Middle Initial, Last)	Birthdate			
Address (Number, Street, City, State, Zip Cod	le)			
Home ( )	Cell ( )			
Position Applied For Delivery Driver				
Are you seeking /available for: Full-timeX	Part-time Temporary			
Date available for work:				
Are you able to perform the duties of the position? Yes	s No			
Do you have the legal right to work in the U.S.? Yes (Proof of work authorization required for employment)				
Are you 18 years of age or older? Yes No	_			
Have you ever been convicted of a felony or misdemea	anor, other than a minor traffic offense?			
Yes No				
If Yes, Why?				

	NAME OF EDUCATIONAL INSTITUTION	SCHOOL LOCATION	DID YOU GRADUATE?	YEARS COMPLETED	LIST DEGREE AND MAJOR
High School			Yes No		
Trade or Business School			Yes No		
College/ University			Yes		
Graduate Work			Yes		
Other Education			Yes		

## Please list all employment for the past 3 years, beginning with the most recent.

Employer:	Job Title: F/T P/T
Address:	Duties:
Telephone No. Supervisor's Name:	Skills:
Dates Employed: Base Salary or Wage	Reason(s) for Leaving:
to	
Employer:	Job Title: F/T P/T
Address:	Duties:
Telephone No. Supervisor's Name:	Skills:
Dates Employed: Base Salary or Wage	Reason(s) for Leaving:
to End	
Employer:	Job Title: F/T P/T
Address:	Duties:
Telephone No. Supervisor's Name:	Skills:
Dates Employed: Base Salary or Wage	Reason(s) for Leaving:
to End	
ADDITIONAL INFORMATION: (Honestly) Where de	o you see yourself in 1 year?
REFERENCES: List below two persons other than r (Additional references may be required):  Name Addres	relatives who can provide character & employment references  SS Phone
I hereby certify that this application was completed by rethe best of my knowledge. I understand that false or mit otherwise in the application process will void this application	me and that all entries on it and information in it are true and complete to isleading information given in this application, in my interview(s) or cation or subject me to discharge at any time.
Signature of Applicant	Date