

Employment Application

EMPLOYEE INFORMATION

Name:	
Last First	Middle
Telephone: Email:	Alternate telephone:
Address:	
Are you able to perform the essential functions of the position with or without accommodations?	If necessary for the job, I am able to: Work overtime?
Yes No	If so, fill out the following: Issuing state:
If necessary for the job are you older than:	
14 15 16 (Check one)	Type:
□ 18 □ 19 □ 21	Endorsement(s): 🗌 Hazardous Material 🗌 Passengers
I am legally eligible for employment in the U.S.?	Tankers Tank with Hazardous Materials
Yes No	School Bus Double/Triple trailers
I am seeking a permanent position: \Box Yes \Box	No Work the following shifts: (check all that apply)
I will be able to report to work days after being notified I am hired.	Any Day Night Swing Rotating

EMPLOYMENT HISTORY

List most recent employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary. No more than 10 years history recommended.

Employer name and address:	Position title/duties, skills:	Start date:	End date:	
			Reason for	eaving:
Pay: _\$			_	
Per:	Supervisor:	Telephone:		-
Employer name and address:	Position title/duties, skills:		Start date:	End date:
			Reason for	eaving:
Pay: \$				
Per:	Supervisor:	Telephone:		
Employer name and address:	Position title/duties, skills:		Start date:	End date:
			Reason for	eaving:
Pay: \$				
Per:	Supervisor:	Telephone:		
Employer name and address:	Position title/duties, skills:		Start date:	End date:
	-		Reason for	eaving:
Pay: \$	-			
Per:	Supervisor:	Telephone:		

Summarize	other	employment	related	to	this job:
-----------	-------	------------	---------	----	-----------

EDUCATION					
	Institution name	Years completed	Field	of study	Graduate or degree
High school					
College/university Business/technical					
Additional					
		MII	LITARY		
Are you a veteran? Duty/specialized training	☐ Yes ng:	🗌 No			
		SKILLS & QI	UALIFICATIO	NS	
Other qualifications such as special skills, abilities or honors that should be considered:					
Types of computers, s	oftware, and other equip	ment you are	qualified to ope	rate or repair:	
Professional licenses, certifications or registrations:					
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:					
Typing speed: per minute					
REFERENCES					
List two personal references who are not relatives or former supervisors.					
Name	Address		Telephone	Occupation	Years known
Name	Address		Telephone	Occupation	Years known
		CO	NTACT		
In case of accident or	illness, please contact: N	lame:		Daytime	phone:
Address:				Rela	ationship:
	INFC	ORMATION	TO THE APPL	ICANT	
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and					

Signature of Applicant

agree to the information shown above.

Date

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.