**Employment Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COMPLETE ALL PAGES AND SIGN***

|  |  |  |
| --- | --- | --- |
| Name: Last | First | MI |
| Address: | City:  | State:  | Zip: |
| Phone: **( ) --**  | E-mail Address: @  |
| SSN: **--** **--**  | Position Applied for: | Desired Salary: |
| DOB: |  |  |

**If you have not been at this address for at least 3 years, please list all prior address from the last 3 years (required).**

**GENERAL**

Fluent in Spanish YES NO Fluent in English YES NO 

Have you ever worked for this company? YES NO  If so when?

Dates From: To: Rate of Pay: Position:

Are you now employed? If not, how long since leaving last employment?

Who referred you? Rate of pay expected:

Do you have the legal right to work in the United States? YES  NO 

Are you a citizen of the United States? YES  NO 

If no, are you authorized to work in the U.S.? YES  NO 

Have you even been convicted of a felony? YES  NO 

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

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.

IF NECESSARY FOR THE JOB, I CAN:

Work overtime: YES NO Work Weekends YES NO  Overnight YES NO 

Work the following Shifts: Any Day Night Swing Rotating Split Graveyard 

**EDUCATION**

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 High School: 1 2 3 4 Did You Graduate? YES NO 

Last School Attended Name: City: State:

College: 1 2 3 4 Did You Graduate? YES NO  Degree:

Last School Attended (Name) City State

**MILITARY SERVICE**

 Branch: From: To: Type of Discharge: Rank at Discharge:

 If other than honorable, explain

**LIST THREE PROFESSIONAL REFERENCES. (Not relatives or former supervisors)**

|  |  |
| --- | --- |
| Name | Relationship |
| Company | Phone: ( )  | Email: |
| Name | Relationship |
| Company | Phone: ( )  | Email: |
| Name | Relationship |
| Company | Phone: ( )  | Email: |

**PROFESSIONAL CERTIFICATION & SAFETY CARDS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professional Certifications** | **Latest Certification Date** |  | **Professional Certifications** | **Latest Certifications Date** |
| 1. |  |  | 5. |  |
| 2. |  |  | 6. |  |
| 3. |  |  | 7. |  |
| 4. |  |  | 8. |  |

**EMPLOYMENT HISTORY**

All driver’s applicants must provide information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

 ***(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)***

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | **From:** | **To:** |
| Month Year  | Month Year  |
| Address | Position Held |
| City State Zip | Salary/Wages |
| Contact Person Phone # | Reason For Leaving |
| Were You Subject to FMCSRs While Employed?  Yes  No |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR fr Part 40?  Yes  No |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | **From:** | **To:** |
| Month Year  | Month Year  |
| Address | Position Held |
| City State Zip | Salary/Wages |
| Contact Person Phone # | Reason For Leaving |
| Were You Subject to FMCSRs While Employed?  Yes  No |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | **From:** | **To:** |
| Month Year  | Month Year  |
| Address | Position Held |
| City State Zip | Salary/Wages |
| Contact Person Phone # | Reason For Leaving |
| Were You Subject to FMCSRs While Employed?  Yes  No |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No |

|  |  |
| --- | --- |
| **EMPLOYER** | **DATE** |
| Name | **From:** | **To:** |
| Month Year  | Month Year  |
| Address | Position Held |
| City State Zip | Salary/Wages |
| Contact Person Phone # | Reason For Leaving |
| Were You Subject to FMCSRs While Employed?  Yes  No |
| Was You Job Designated As A Safety-Sensitive Function In Any Dot – Regulated Mode Subject To The Drug And Alcohol Testing Requirements Of 49 CFR Part 40?  Yes  No |

**INFORMATION TO THE APPLICANT**

**Disclaimer and Signature**As part of our procedure for processing your employment application, your personal & 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 &/or a drug test, or to sign a conflict of interest agreement & abide by its terms. I understand & agree to the information shown above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_