

# **Employment Application**

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

# COMPLETE ALL PAGES AND SIGN

[					
Name: Last		First			MI
Address:		City:	Sta	te:	Zip:
Phone: ( )		E-mail Addre	ess:		@
SSN:	Position Applied f	or:		Desire	d Salary:
DOB:					
If you have not been at this addres	ss for at least 3 years,	, please list all	prior address fr	om the last	3 years (required).
GENERAL	<u> </u>				
Fluent in Spanish YES 🔲 NO 🗆	Fluent in E	English YES			
Have you ever worked for this com	pany? YES 🖵 NO	If so wl	nen?		
Dates From: To:	Rate	of Pay:	Position		
Are you now employed?	If not, how long	since leaving I	ast employment	?	
Who referred you?		C		y expected:	
Do you have the legal right to work	in the United States?	)		YES 🗖	NO 🗖
Are you a citizen of the United Stat	es?			YES 🗖	NO 🗖
If no, are you authorized to work ir	the U.S.?			YES 🗖	NO 🗖
Have you even been convicted of a	felony?			YES 🗖	NO 🗖
If yes, please explain fully on a separate all circumstances will be considered		Conviction of	a crime is not an	automatic	bar to employment –
Is there any reason you might be u the attached job description)?	nable to perform the	functions of th	e job for which y	vou have ap	plied (as described in

If yes, explain if you wish.

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IF NECESSARY FOR THE JOB, I CAN:									
Work overtime:	YES 🗖	NO 🗖	Work Week	ends YES 🛛	NO 🗖	Ove	ernight YI	es 🗖	NO 🗖
Work the following S	hifts:	Any 🗖	Day 🗖	Night 🗖	Swing 🗖	Rotating 🗖	Split 🗖	Grave	/ard 🗖

#### EDUCATION

Circle Highest Grade C	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	2:
Last School Attended	(Name)	City	State

#### MILITARY SERVICE

Branch:	From:	То:	Type of Discharge:	Rank at Discharge:
If other than honorab	e, 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
1.	
2.	
3.	
4.	

Professional Certifications	Latest Certifications Date
5.	
6.	
7.	
8.	

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### **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				
				Fr	om:	To:			
Name				Month	Year	Month	Year		
Address				Position H	leld				
City	State	Zip		Salary/Wa	ages				
Contact Person		Phone #		Reason Fo	or Leaving				
Were You Subject to FMCSRs While Em	ployed?	Yes 🛛 No							
Was You Job Designated As A Safety-Se	nsitive Function In A	Any Dot – Regulated N	1ode Sub	ject To The	Drug And Ald	cohol Testin	g		
Requirements Of 49 CFR fr Part 40?	🛛 Yes 🗳 No								

EMPLOYER					DATE					
				From:			To:			
Name				Month	Year	Month	Year			
Address				Position H	leld					
City	State		Zip	Salary/Wa	ages					
Contact Person		ſ	hone #	Reason Fo	or Leaving					
Were You Subject to FMCSRs While	Employed?	🛛 Yes	🗖 No							
Was You Job Designated As A Safet	y-Sensitive Function	on In Any Do	ot – Regulated Mode	Subject To The	Drug And A	lcohol Testin	g			
Requirements Of 49 CFR Part 40?	Yes	🛛 No								

EMPLOYER					DATE				
					From: To:			o:	
Name					Month	Year	Month	Year	
Address					Position H	leld			
City	State		Zip		Salary/Wa	ages			
Contact Person			Phone #		Reason Fo	or Leaving			
Were You Subject to FMCSRs While Em	ployed?	🛛 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				
					From: To:			o:
Name					Month	Year	Month	Year
Address					Position H	leld		
City	State Zip				Salary/Wages			
Contact Person			Phone #		Reason Fo	or Leaving		
Were You Subject to FMCSRs While	Employed?	🛛 Yes	🛛 No					
Was You Job Designated As A Safety	-Sensitive Funct	ion In Any D	ot – Regulate	ed Mode Subje	ect To The D	orug And Alco	hol 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.

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