



Employment Application

Date: _____

COMPLETE ALL FOUR (4) PAGES AND SIGN

Name: Last _____ First _____ MI _____

Address: _____ City: _____ State: _____ Zip _____

Phone: (____) _____ - _____ E-mail Address: _____

SSN _____ - _____ - _____ Position Applied for: _____ Desired Salary: _____

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, explain: _____

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

Fluent in Spanish YES NO Fluent in English YES NO

Drivers Lic# _____ State _____ CDL Expiration Date: ____/____/____

Endorsement(s) Hazardous Materials Tankers Tank w/Hazardous Materials Double/Triple Trailers

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

Military Service

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

If other than honorable, explain: _____

Education

High School: _____ Location: _____ -

From: _____ To _____ Did you graduate? _____ Degree: _____

College: _____ Location: _____

From: _____ To _____ Did you graduate? _____ Degree: _____

Other: _____ Location: _____

From: _____ To _____ Did you graduate? _____ Degree: _____

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. _____	_____

PREVIOUS EMPLOYMENT: List most recent employers first. Be sure all your experience or employers related to this job are listed here. (CDL Drivers must list 10 years employment history)

Company #1 _____ Supervisor: _____

Job Title: _____ Phone: (____) _____ - _____

Starting Salary \$ _____ Ending Salary \$ _____ From Date: ____/____/____ To: ____/____/____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company #2 _____ Supervisor: _____

Job Title: _____ Phone: (_____) _____ - _____

Starting Salary \$ _____ Ending Salary \$ _____ From Date: ____/____/____ To: ____/____/____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company #3 _____ Supervisor: _____

Job Title: _____ Phone: (_____) _____ - _____

Starting Salary \$ _____ Ending Salary \$ _____ From Date: ____/____/____ To: ____/____/____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company #4 _____ Supervisor: _____

Job Title: _____ Phone: (_____) _____ - _____

Starting Salary \$ _____ Ending Salary \$ _____ From Date: ____/____/____ To: ____/____/____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company #5 _____ Supervisor: _____

Job Title: _____ Phone: (_____) _____ - _____

Starting Salary \$ _____ Ending Salary \$ _____ From Date: ____/____/____ To: ____/____/____

Responsibilities: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? 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: ____/____/____