

JOB APPLICATION

Ship2Day Transportation
United States, Doral, Florida 33179
1-844-412-SHIP

Ship2Day Transportation is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information

Applicant Name:

Address:

City, State and Zip

Code:

Telephone Number:

Email Address:

Date of Application:

Employment Position

Position(s) applying for: Truck CDL Driver (full time)

How did you hear about this position?

What days are you available for work?

What hours or shift are you available for work?

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Salary desired:

Personal Information

Have you ever applied to or worked for Ship2Day Transportation before? Yes No

If yes, when?

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Do you have any friends, relatives, or acquaintances working for Ship2Day Transportation	Yes	No
If yes, state name & relationship:		
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Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		
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Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.		
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Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		
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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Ship2Day Transportation complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

What military skills do you possess that would be an asset for this position?

Previous Employment

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Employer Name:

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State and Zip Code: _____
 Employer Telephone: _____
 Dates Employed: _____
 Reason for leaving: _____

References

Please provide 1 personal and professional reference(s) below:

Reference	Contact Information

AT-WILL EMPLOYMENT

The relationship between you and the Ship2Day Transportation is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Ship2Day Transportation . No representative of Ship2Day Transportation has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____ Dated: _____