|  |  |  |
| --- | --- | --- |
| **Application For Employment** | We are an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. |
|  |
| **Personal Information** |
| Name |  |  |  |  |
|  |
| Address |  | City | State | Zip |
|  |  |  |  |
| Phone Number | Mobile Number | Email Address |  |  |
|  |  |  |
| Are You a U.S. Citizen? |  | Have You Ever Been Convicted of a Felony? |
| Yes  | No  | Yes  | No  |  |
| If Selected for Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? |
| Yes  | No  |  |  |  |
|  |
| **Position** |
| Position You Are Applying For | Available Start Date |  | Desired Pay |
|  |  |  |
| Employment Desired |  |  |  |  |
|  |  | [ ]  Full Time |  | [ ]  Part Time |  | [ ]  Seasonal/Temporary |  |
|  |
| **Driving Experience and Records** |
| Driver’s License # | CDL Endorsements |
| Years of Driving Experience |
| Do You Have Any Driving Citations or Accidents on Your Driving Record? Yes NoIf Yes, Please List any Citations or Accidents Below |
|  |
| **References** |
| Name | Title | Company | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Employment History** |
| **Employer (1)** |  | Job Title/ Responsibilities |
|  |
| Work Phone |  | Starting Date |  | Ending Date |
|  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (2)** |  | Job Title/ Responsibilities |
|  |
| Work Phone |  | Starting Date |  | Ending Date |
|  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (3)** |  | Job Title/ Responsibilities |
|  |
| Work Phone |  | Starting Date |  | Ending Date |
|  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (4)** |  | Job Title/ Responsibilities |
|  |
| Work Phone |  | Starting Date |  | Ending Date |
|  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
| **Employer (5)** |  | Job Title/ Responsibilities |
|  |
| Work Phone |  | Starting Date |  | Ending Date |
|  |  |  |
| Address |  | City | State | Zip |
|  |  |  |  |
|  |
| **Signature Disclaimer** |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Name (Please Print) |  | Signature |
|  |  |
| Date |  |
|  |