

# APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, genetic information, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

## PERSONAL INFORMATION

Name (Print) \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_  
Present Address \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(City) (State) (Zip)

If at present address less than one year, please give previous address \_\_\_\_\_

Are you at least 18 years of age?  Yes  No (Employment is subject to verification of minimum legal age.)

Can you produce documented proof of your identity and eligibility for employment in the U.S.?  Yes  No  
(Examples: driver's license, Social Security card, birth certificate and/or Immigration and Naturalization Service Documents)

Position(s) applying for \_\_\_\_\_ How soon can you report to work? \_\_\_\_\_  
(Delivery/Warehouse/Sales positions - must complete "Drivers Supplement")

Type of employment desired  Full-Time  Part-Time  Temporary Rate of Pay Expected \_\_\_\_\_

What days and hours, if part-time? Days: \_\_\_\_\_ Hours \_\_\_\_\_

## EDUCATION

Type of School	Name/Address of School	Course Majored	Circle Last Year Completed				Graduate? Show Degree
Elementary/Middle	_____	_____	5	6	7	8	_____
High School	_____	_____	9	10	11	12	_____
College	_____	_____	1	2	3	4	_____
Post Graduate	_____	_____					_____

Have you applied for a job with us before?  Yes  No Have you ever worked for us before?  Yes  No

How did you come to apply?  Employee Referral  Former Employee  Newspaper Ad  High School Recruitment  
 College Recruitment  Walk-In  Other \_\_\_\_\_

Have you ever been convicted of a violation of the law except a minor traffic violation?  Yes  No

If yes, state date, court, and place where offense occurred. \_\_\_\_\_  
(A conviction will not necessarily disqualify you from employment)

Have you ever been discharge or requested to resign from a position?  Yes  No

Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No

Why do you wish to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material)?  Yes  No

If yes, describe \_\_\_\_\_

Do you believe that you would have difficulty meeting this company's work schedule?  Yes  No

**PRIOR WORK RECORD (Start with most recent or present employer and complete in full)**

1. Name/Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? Yes No	
2. Name/Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? Yes No	
3. Name/Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? Yes No	

Please provide an additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering you \_\_\_\_\_

**REFERENCES**

(Do not list relatives or former employers)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**Job Applicant's Agreement and Certification**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right."

"If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures."

"I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time."

"I understand that this application will be kept on active file for days from the date completed, after which time I would have to reapply in accordance with established company procedures."

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## Driver's Supplement to Application for Employment

Name (Print) \_\_\_\_\_

Address \_\_\_\_\_ How Long \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

For Past 3 Years \_\_\_\_\_ How Long \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Experience and Qualifications – Driver

(List each unexpired motor vehicle operator's license or permit issued to you)

State	License Number	Type	Expiration Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No  
 If yes, give date \_\_\_\_\_ City/State \_\_\_\_\_ Explain in detail \_\_\_\_\_

Has any license, permit, or privilege to operate a motor vehicle been suspended or revoked?  Yes  No  
 If yes, give date \_\_\_\_\_ City/State \_\_\_\_\_ Explain in detail \_\_\_\_\_

Have you ever been disqualified from holding a commercial driver's license according to Section 391.15 of the Federal Motor Carrier Safety Regulations?  Yes  No  
 If yes, explain in detail \_\_\_\_\_

### Equipment Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of Miles Driven
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor & Full Trailer(s)				
Tractor & Pole Trailers				
Other (Including Buses)				

What safe driving award(s) have you received and from whom? \_\_\_\_\_

List of states operated in for the last 5 years \_\_\_\_\_

Show special courses or training that will help you as a driver \_\_\_\_\_

**Motor Vehicle Accident Record for Past Three (3) Years:**

Dates (Start with Most Recent)	Nature of Accident (Head-on, Rear-end, etc.)	Location (HWY, City, County, State)	Fatalities	Personal Injuries

**Motor Vehicle Driver’s Convictions and Forfeitures:** (List all violations of motor vehicle laws or ordinances [other than parking] of which you were convicted or forfeited bond or collateral during the past three (3) years. If none, write “NONE”).

Date	Offense	Location	Type of Vehicle Operated

**Driver Employment Record**

List all previous employers in the last three (3) years for whom you have driven a motor vehicle. Drivers applying to operate a commercial motor vehicle as defined by Part 383 must show employment as an operator of a commercial motor vehicle during the past 10-year period.

Last Employer:	Date Hired:	Date Left
Address:	Reasons For Leaving:	
Last Employer:	Date Hired:	Date Left
Address:	Reasons For Leaving:	
Last Employer:	Date Hired:	Date Left
Address:	Reasons For Leaving:	

**Experience and Qualifications – Warehouse**

List types of dock work performed: (Platform, Warehouse, etc.) \_\_\_\_\_

List dock equipment you can operate: (Forklift, etc.) \_\_\_\_\_

**Maintenance Experience and Qualifications**

Type of Work	Job Title	Years of Experience	Equipment Operated

*I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation of my background as required by Section 391.23 of the Motor Carrier Safety Regulations. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)