



**EMPLOYMENT
APPLICATION FORM**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-5.			Date:	
Name:				
Last	First	Middle	Maiden	
Present Address where truck will be housed:				
Number	Street	City	State	Zip
How Long:				
Telephone:				
If under 18, please list age:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired:			No Pref	Thur
			Mon	Fri
			Tue	Sat
			Wed	Sun
How many hours can you work weekly?			Can you work nights?	
Employment Desired:				
<input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				



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Have you ever been convicted of a crime?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.			
Do you have a driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your means of transportation to work?			
Driver's License Number:		State of issue:	
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur			
Expiration Date:			
Have you had any accidents during the past five years?			How many?
Have you had any moving violations during the past five years?			How Many?
OFFICE HIRE ONLY			
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No
Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Other Skills:
Please list two references other than relatives or previous employers.			
Name:		Name:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
Telephone:		Telephone:	
Office Notes:		Office Notes:	



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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the armed forces? Yes No

Are you now a member of the national guard? Yes No

Specialty	Date Entered	Discharge Date
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Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.
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Current Employment

Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.



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Previous Employment			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Previous Employment			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.