



Date: _____

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, or the presence of non job related medical condition or handicap.

Referral source: _____ Advertisement _____ Friend _____ Relative _____ Walk In
_____ Online Recruiter _____ Website _____ Social Media
_____ Employment Agency Other: _____

Name: _____
First Last Middle

Address: _____
Number Street, Apt. # City State Zip Code

Phone: _____ Email: _____
Cell Phone Home Phone

Have you ever filled out an application here before?: Yes: _____ No: _____

Are You Presently Employed?: Yes: _____ No: _____

May We Contact Your Current Employer: Yes: _____ No: _____

On what date are you available for work?: _____

Live-Away is a Requirement of the Job, Can you Travel: Yes: _____ No: _____

List Professional, Trade, Business, Civic, or other Organization Membership:

Highest Level of Education or GED: _____ School: _____

Degree/Course of Study: _____

Other: _____

(Specialized Training/Skills/Apprenticeship/Other)

Do you Have a Driver's License: Yes: _____ No: _____

Have you ever been denied a License, Permit, or Priveilege to operate a Motor Vechicle?:

Yes: _____ No: _____

Has any License, Permit or privilege ever been Suspended or Revoked?:

Yes: _____ No: _____

If Yes to either of the above questions, please give details:

Driving Experience (CDL ONLY)

Class of Equipment	Type of Equip (Van, Tank, etc)
Straight Truck:	
Tractor & Semi-Tractor:	
Tractor-2, Trailers:	
Other:	

Employment Experience

1.

Employer: _____ Phone: _____

Address: _____
Number Street City State Zip Code

Supervisor: _____ Dates Employed: From: _____ To: _____

Reason for Leaving: _____

2.

Employer: _____ Phone: _____

Address: _____
Number Street City State Zip Code

Supervisor: _____ Dates Employed: From: _____ To: _____

Reason for Leaving: _____

3.

Employer: _____ Phone: _____

Address: _____
Number Street City State Zip Code

Supervisor: _____ Dates Employed: From: _____ To: _____

Reason for Leaving: _____

References

Give name, address and telephone number of three references two of whom are not related to you and are not previous employers

- 1. _____
- 2. _____
- 3. _____

State any additional information you feel may be helpful to us in considering your Application

Please Attach any Additional Information including Resume, Certificates, etc.

Applicants Certification and Agreement

I Certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize the company to make an investigation of any of the facts set forth in this application.

I understand that employment at this company is "At Will" which means that either I or the company can terminate the employment relationship at any time, with or without prior notice; for any reason not prohibited by statute. All employment is continued on that basis. **I understand that no supervisor, manager, or executive of the company other than a company officer has any authority to alter the foregoing.**

Signature: _____ Date: _____

For Office Use Only

Interview Notes:

Initial Call: _____

Interview: _____

Date of initial employment offer: _____

Job Acceptance: _____

Start Date: _____

Pre Employment Testing Completed

Drug Test: _____ passed: _____ failed: _____

Physical: _____

Additional Notes
