

APPLICATION FOR EMPLOYMENT

DIVISION _____

INSTRUCTIONS
PLEASE WRITE OR PRINT CLEARLY
FILL IN ALL AREAS COMPLETELY WITH FULL ADDRESSES AND PHONE NUMBERS
OPTIONAL AREAS ARE AS STATED - THEY DO NOT HAVE TO BE COMPLETED

PHONE NUMBER (____) _____ DATE _____

NAME _____ S.S. NO. _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP HOW LONG?

*IF YOU HAVE LIVED AT THIS ADDRESS LESS THAN 3 YEARS, LIST BELOW ALL CITIES AND STATES YOU HAVE LIVED IN FOR THE PAST 7 YEARS.

CITY STATE HOW LONG? CITY STATE HOW LONG?

CITY STATE HOW LONG? CITY STATE HOW LONG?

ARE YOU 18 YEARS OR OLDER? YES NO DATE OF BIRTH(OPTIONAL) _____

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU CURRENTLY BOUND BY A NON-COMPETE AGREEMENT? YES NO

POSITION APPLYING FOR _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER WORKED FOR THIS COMPANY BEFORE? _____ EVER APPLIED TO THIS COMPANY BEFORE? _____

NAME OF ANY RELATIVES EMPLOYED BY THIS COMPANY _____ REFERRED BY _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

*IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. ALL CIRCUMSTANCES WILL BE CONSIDERED.

U.S. MILITARY SERVICE _____ DATE ENTERED _____ BRANCH _____

RANK _____ DATE DISCHARGED _____ HONORABLY? _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

DID YOU GRADUATE? YES NO YEAR OF GRADUATION _____ DEGREE _____
(OPTIONAL)

LAST SCHOOL ATTENDED _____ NAME _____ PHONE NUMBER _____

ADDRESS _____

TRUCK DRIVER SECTION

FILL OUT THE FOLLOWING SECTION ONLY IF APPLYING FOR A POSITION AS A TRUCK DRIVER

DATE OF BIRTH _____ THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER
(MTH/DAY/YR) APPLICANTS STATE THEIR DATE OF BIRTH

STATE _____ LICENSE NO. _____ CLASS _____ ENDORSEMENT(S) _____ EXPIRATION DATE _____

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- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES NO
 B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES NO
 C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES NO
 IF YOU ANSWERED "YES" TO A, B, OR C, ATTACH A STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TAN, FLAT, ETC.)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR / SEMI-TRAILER				
TWIN TRAILERS - LVC'S				
OTHER				

LIST STATE OPERATED IN DURING LAST FIVE YEARS _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

LIST DRIVING AWARDS HELD AND WHO AWARDS WERE PRESENTED BY _____

ACCIDENT REVIEW FOR PAST 3 YEARS ATTACH SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

LOCATION	DATE	CHARGE	PENALTY

