



Employment Application

(An Equal Opportunity Employer)

This Application will be maintained for 6 months only

Name:		Date:	
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>
Address:			
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i> <i>(State)</i> <i>(Zip Code)</i>
Telephone #	() Home	() Cell	
E-mail Address (optional):			
I am (Check a Box) & will provide necessary documentation to validate that I am:			
<input type="checkbox"/> A citizen or national of the United States or			
<input type="checkbox"/> Authorized by the Immigration and Naturalization Service to work in the United States.			
Position(s) Applying For:			

What type of experience do you have which would be helpful for the job you are applying for?

Have you ever worked for this organization before? Yes No
If yes, when & where _____

Date available to Start: _____

Are you available to Work: Full-time Part-time Days Nights Weekends
List any day or hours you are unable to work: _____

List Any Friends or Relatives working here:	(Name)	(Relationship)
	(Name)	(Relationship)
	(Name)	(Relationship)

Please indicate your source of referral:

Company Employee Newspaper Employment Agency
 Internet Search Contacted On Own Other

Name: _____ Name: _____

United States Military Service

Do you have United States Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch: _____	
Date Entered:		Date Discharged:		Rank at Time of Discharge:	
Special Skills or Training from Service:			Present Military Status:		

EDUCATION

Please list educational institutions (high school, technical schools, college) attended beginning with the most recent.

Name & Location of School	Year Graduated	Degree Earned/Major

WORK EXPERIENCE: List below your last four employers, starting with the most current one.

Company Name:		Address:		
Position:	Earnings – Beginning	Ending	Dates - From	To
Supervisor -Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor - Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				
Company Name:		Address:		
Position:	Earnings - Beginning	Ending	Dates - From	To
Supervisor Name and Title		Phone ()		
Reason for Leaving				

Are there any other places you have worked in addition to those listed above? Yes No

Do you possess a current valid CDL? Yes No

If Yes, please complete the last two (2) pages of the application. If No, please disregard.

Additional Experience

Please list any additional experience.

PROFESSIONAL REFERENCES: Include three professional references who supervised your previous work (owners, managers, supervisors).

Name	Address, City, State	Position	Phone Number

THE BELOW DISCLAIMERS MUST BE READ IN THEIR ENTIRETY AND ACKNOWLEDGED, BY SIGNATURE, AS PART OF THE APPLICATION PROCESS. PLEASE MAKE CERTAIN THAT YOU HAVE ANSWERED ALL OF THE QUESTIONS OF THIS EMPLOYMENT APPLICATION TRUTHFULLY.

By signing below, I understand that the information provided is true and correct, and that any misstatements or omission of material facts in the application or the hiring process may result in discontinuing of the hiring process or termination of employment, no matter when discovered. I agree that the organization shall not be held liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application.

I authorize the organization to analyze the truthfulness of all statements made on this application, complete reference checks from my current and former employers, and others that may provide information regarding my education and experiences. In addition, I give my consent for all contacted persons including current and former employers to provide information concerning this application, and I release each such person from liability for providing information to the organization.

I understand that nothing contained in this application, or the granting of an interview is intended to create an employer/employee relationship between the organization and myself either for employment or for the providing of any benefits. No promises regarding employment have been made to me unless made in writing. I further understand and agree that if I am hired, my employment would be "at will," as defined by law where our organization operates: I would have the right to terminate my employment at any time for any reason and that the organization would retain a similar right.

I understand that any offers of employment may be contingent upon my taking and successfully passing a drug and/or alcohol test in accordance with the organization's policy. If I refuse to submit to testing, refuse to sign the consent form, or test positive, the organization will not employ me.

I understand that any offers of employment may be contingent upon the results of a background check(s), including without limitation a criminal background check and a conviction inquiry, in accordance with the organization's policies and state law.

I hereby attest that all statements made by me above are true to the best of my knowledge, and I agree to the terms noted above.

Date: _____ **Applicant's Signature:** _____

CDL DRIVERS

All driver applicants who currently possess a Commercial Driver's License (CDL) or whose position for the company would require a Commercial Driver's License (CDL) need to complete the sections below. DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.

1. Are you at least 21 years of age or older? _____
2. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____
3. Has any license, permit or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER 2 OR 3 IS YES, GIVE DETAILS _____

PAST EMPLOYERS REQUIRING CDL

Name			
Address			
City		State	Zip
Contact Person		Phone	
From: Mo.	Yr	To: Mo.	Yr.
Weekly Pay:	Start	Last	
Reason For Leaving			

Name			
Address			
City		State	Zip
Contact Person		Phone	
From: Mo.	Yr	To: Mo.	Yr.
Weekly Pay:	Start	Last	
Reason For Leaving			

Name			
Address			
City		State	Zip
Contact Person		Phone	
From: Mo.	Yr	To: Mo.	Yr.
Weekly Pay:	Start	Last	
Reason For Leaving			

ATTACH SHEET IF MORE SPACE NEEDED

ACCIDENT RECORD

Dates	Type of Accident (Head-on, rear-end, overturn)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

ATTACH SHEET IF MORE SPACE NEEDED

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) if none, write **none**

Location	Date	Charge	Penalty

ATTACH SHEET IF MORE SPACE IS NEEDED

LIST PREVIOUS STATES HOLDING DRIVERS LICENSE

DRIVERS LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION