



## APPLICATION FOR EMPLOYMENT

**We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other legally protected status.**

*(PLEASE PRINT)*

Last Name		First Name			Middle Initial
Address	Number	Street	City	State	Zip Code
Telephone Number					

Position(s) Applied For	Wage/Salary Expected
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How did you learn about us?

Advertisement     Friend     Walk In  
 Employment Agency     Relative     Other

Are you at least 18 years of age? (21 for applicants seeking a driving position)  Yes  No

Have you been employed with us before?  Yes  No  
If yes, what dates \_\_\_\_\_

Do we employ any of your relatives?  Yes  No  
If yes, Name \_\_\_\_\_ Location \_\_\_\_\_ Relationship \_\_\_\_\_

Once employed, can you submit verification of your legal right to work in the U.S.?  
*(Such verification will be required upon employment)*  Yes  No

Are you currently employed?  Yes  No

On what date will you be available for work? Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you travel if a job requires it?  Yes  No

Are you available to work:     Full Time     Part Time     Shift Work     Temporary  
    Overtime     Evening     24-Hour Call     Nights

Are you currently on lay-off status and subject to recall?  Yes  No

Have you ever been convicted of a felony?  
*(Conviction will not necessarily disqualify an applicant from employment)*  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

List jobs chronologically starting with your present or last job and end with your first job. Your employment history should be complete. Applicants applying for commercial vehicle operator positions must list all employers for the previous 10 years.

May we contact your present employer?

Yes  No

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer		Date Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

**If you need additional space, please continue on a separate sheet of paper.**

# EDUCATION, SKILLS AND MILITARY SERVICE

Schools	Name	Location	Years Completed	Graduate		Year	Degree	Major Subjects
				Yes	No			
High School								
College								
Graduate								
Other								

List any scholastic honors you received and/or professional organizations in which you are active.

Summarize special job-related skills, qualifications, training, and apprenticeships.

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Specialized skills. Check all that apply.

- CRT     Dictaphone     Calculator     Lotus     WordPerfect    List other software: \_\_\_\_\_  
 PC     Typing Speed     Excel     Access     Word    \_\_\_\_\_

Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_

Type of Discharge     Honorable     Dishonorable     General and Other

If applying for a position requiring the use of a company vehicle, complete the following:

Type of Driver's License currently held \_\_\_\_\_ Issuing State \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever had your driver's license suspended, revoked or been denied a driver's license?     Yes     No

List any traffic citations, other than parking, that you have received during the previous three years. \_\_\_\_\_

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Equipment operated, check all that apply.

- Forklift     Tractor Trailer     Straight Truck     Dump  
 Crane     Bulk Van     Tanker     Mixer

# DRIVER EXPERIENCE AND QUALIFICATIONS

Answer these questions only if you are applying for a commercial driving position. (U.S. Department of Transportation. 49 CFR 391.21 requires questions contained in this section)

Driver's License Information			
Do you currently hold a valid commercial vehicle operator's license? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
List all unexpired driver's licenses that you have been issued			
License Number	Issuing State	Expiration Date	License Class
Have you ever been denied a license, permit or privilege to operate a vehicle? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Has any license, permit or privilege ever been suspended, restricted or revoked? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
If you answered "yes", please explain: _____			
List any violation of motor vehicle laws or ordinances (other than parking) for which you have been convicted or forfeited bond or collateral during the preceding 3 years.			
Violation	Date	State	
List all motor vehicle accidents in which you have been involved during the preceding 3 years.			
Nature of Accident	Date	Injuries	Fatalities
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List the type of equipment (straight truck, truck tractors, semi-trailer, full trailers, etc) and the dates operated.			
Type of Equipment	Date		
	From ___ / ___ To ___ / ___		
	From ___ / ___ To ___ / ___		
	From ___ / ___ To ___ / ___		

## MAINTENANCE EXPERIENCE AND QUALIFICATIONS

List formal training and years of experience in the following areas:

Area	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Drive Line Components			Air Conditioning		
Diesel Tune-up / Rebuild			Frame and Wheel Alignment		
Gasoline Tune-up / Rebuild			Hydraulics		
Brakes			Trailer Repair		
Electrical Repair			Body Work		
Cooling System			Mechanical Inspections		

List formal training and years of experience with the following equipment:

Equipment	Formal Training	Years of Experience	Equipment	Formal Training	Years of Experience
Electrical Diagnostic Equipment			Electric Welder		
Frame/Axle Straightening Equipment			Oxy / Acetylene Welder		
Engine Rebuilding Equipment			Wheel Balancing Equipment		
Diesel Injection Equipment			Air Conditioning Equipment		

List additional maintenance training or certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any business references

Name	Address and Telephone Number	Occupation

## ADDITIONAL INFORMATION

State additional information you feel may be helpful to us in considering your application.


List references familiar with your employment history.

Name	Position
Address	Phone #

Name	Position
Address	Phone #

Name	Position
Address	Phone #

### Applicants Statement

I hereby certify that answers given herein are true and complete to the best of knowledge. I understand and agree that any falsified answer or omission may disqualify me from consideration for employment.

I hereby authorize investigation of all answers, statements or other information contained in this application as may be deemed necessary in arriving at an employment decision. I also authorize each and every person named in this application to provide any information deemed relevant by The Company and its subsidiaries in arriving at an employment decision. Furthermore, I hereby release The Company and its subsidiaries and such other persons and organizations named in this application from all liability and for any damage whatsoever incurred in providing, receiving, or investigating such information. I further agree that The Company may obtain my credit report in accordance with 1681(b)(2) of Title 15 of the United States Code, commonly known as the Fair Credit.

I understand that this application shall be considered active for a period of time not to exceed 60 days from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether applications are being accepted at that time.

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The Company and/or its subsidiaries is of an “at will” nature, which means the employee may resign at any time and the employer may discharge employee at any time with or without cause or reason.** I further understand that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President and Chief Executive Officer of The Company.

I agree that before being employed, I am to submit to and must pass a controlled substance test to be conducted in accordance with The Company’s policy. I agree that any offer of employment is contingent upon successful completion of a post offer medical examination by a physician designated by The Company. I further agree to take physical exams and controlled substance and alcohol testing when required during my employment.

In the event of employment, I fully understand that this application will become a part of my personnel record and that false and misleading information given in my application or interview(s) may result in discharge. I agree to abide by all policies, rules and regulations of The Company and/or its subsidiaries and, if requested, to sign the company’s agreements relating to discoveries, inventions, and confidential information.

**I have read the paragraphs above and fully understand their importance and effect upon my employment. I also acknowledge the same as a condition of my employment with The Company and/or its subsidiaries.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date