



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT

DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____



FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1:

Individual Company /

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY JOB

TITLE: _____ RESPONSIBILITIES: _____ FROM: _____
_____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2:

Individual Company /

E-MAIL: _____ PHONE: _____



ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3:

Individual Company /

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____ **E-MAIL:**

PHONE: _____



FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____ **E-MAIL:** _____

_____ **PHONE:** _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____ **E-MAIL:** _____

_____ **PHONE:** _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ **RANK AT DISCHARGE:** _____

FROM: _____ **TO:** _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.



SIGNATURE _____ DATE _____

PRINT NAME _____



NOTICE TO APPLICANTS

CONTROLLED SUBSTANCES TESTING REQUIREMENT

Our company has a vital interest in maintaining safe, healthful and efficient working condition for our customers, the public, and our drivers. Using or being under the influence of alcohol and/or controlled substances on the job may pose serious safety and health risks not only for the user, but to all those who work with the user. The possession, use or sale of alcohol or and illegal controlled substances poses unacceptable risk to safe, healthful and efficient operations. To meet this compelling interest, and in compliance with the Department of Transportation's Alcohol and Controlled Substances Testing Requirements (49 CFR Part 382) drivers who wish to be considered for employment must agree to **SUBMIT TO PRE-EMPLOYMENT CONTROLLED SUBSTANCES TESTING**. All pre-employment drug tests will be conducted only after a contingent offer of employment is made. By completing and signing this Notice and the attached Application of Employment, the applicant understands and agrees to submit to a pre-employment controlled substances testing as provided for in the DOT Alcohol and Controlled Substances Policy.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT. Refusal of an applicant to agree to controlled testing at this time does not preclude applying for employment at some future date.

Date: _____ APPLICANT SIGNATURE: _____

Date: _____ COMPANY REPRESENTATIVE: _____

