

APPLICATION FOR EMPLOYMENT

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

Note to Applicant: In order for your application to be considered, we request that you print your information in a legible fashion. Also be advised that all applications must be completed in full, in order to be considered for any open position.

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Internet web-site _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other: _____

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

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with us before? yes no
 If yes, date _____

Have you ever been employed with us before? yes no
 If yes, date _____

Do any of your friends or relatives work here? yes no

Are you currently employed? yes no

May we contact your present employer? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? yes no
Proof of citizenship or immigration status will be required upon employment

Date you are available to work? _____ / _____ / _____ Full-Time
 Part-Time
 Temporary

Are you currently on "lay-off" status and subject to recall? yes no

Can you travel if a job requires it? yes no

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military services assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1 Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Did you Drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

2 Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Did you Drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

3 Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Did you Drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

4 Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Did you Drive a vehicle requiring a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:			

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

List professional, trade, business or civic activities and offices held.
<i>You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>

ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Computer Skills

	Beginning	Intermediate	Advanced	
Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Use a Chain Saw
Word Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valid CDL
Power Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Design Work
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drive a Fork Lift
Data Base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valid Drivers License
Report Writer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valid Flaggers Card in the state of: _____
Ad Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Web Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ten key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multit-line phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing the activities involved in the job or occupation for which you have a Yes No

REFERENCES

1	(Name) Phone
	(Address)
2	(Name) Phone
	(Address)
3	(Name) Phone
	(Address)

APPLICANT'S STATEMENT

I certify that my answers given herein are true and complete.

I authorize verification of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment will be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood 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 an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview yes

no

Date

Remarks:

Employed yes

no

Date of Employment

Job Title _____

Hourly Rate/ Salary _____

Department _____

Additional Information Required for CDL Applicants Only

For this section refer back to the "Employment Experience" section of the application

Note: All CL driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip.

Applicants to drive a commercial motor vehicle * in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicles. (Note: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring pleading.

List additional addresses of residency for the past 3 years:

1	Address: _____	How long? _____ yr. / mo.
2	Address: _____	How long? _____ yr. / mo.
3	Address: _____	How long? _____ yr. / mo.
4	Address: _____	How long? _____ yr. / mo.

Have you ever been bonded? _____ Name of Bonding Company? _____
(Answer only if a job requirement)

Have you ever been convicted of a felony: _____

Accident Record for past 3 years or more (attach sheet if more space is needed) if none, write NONE.

Dates	Nature of Accident (Head-on, Rear-ended, Upset, Etc.)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Traffic Convictions & 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)

Experience & Qualifications - Driver

	License No.	State	Type	Expiration Date
Driver Licenses				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 B. Has any license, permit or privilege ever been suspended or revoked?
 If the answer to either A or B is YES, give details please...

Yes No
 Yes No

Driving Experience if none, write *NONE*.

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates (To - From)	Approximate number of miles (Total)
Straight Truck			
Tractor & Semi-Trailer			
Tractor - Two Trailers			
Motor coach - School Bus			
Other			

List states operated in for last five years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

Experience and Qualifications - Other

Show any trucking, transportation or other experience that may help in your work for this company.

List courses and training other than shown elsewhere in this application

List special equipment or technical materials you can work with (other than those already shown)

Date of Birth: _____ *To be completed with office Personnel after a contingent employment offer has been made.*
 Can you provide proof of age? Yes No
**Required for Commercial Drivers License positions*