

Employment Application

We take affirmative action to ensure **equal opportunity** employer and does not discriminate in hiring or employment on the basis of race, color, religion creed, sex, sexual orientation, gender identity, national origin, disability, Veteran status, or other legally protected characteristics. All Statements on this application will be verified. Any misrepresentation or mission, may be grounds for disqualification for employment consideration or continued employment

Applicant Information

Social Security Number _____	Phone _____
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Last Name (Suffix If Applicable) _____	First Name _____	Middle Name _____
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Home Address _____	City _____	County _____	State _____	Zip _____
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Mailing Address (If Different From Home) _____	City _____	County _____	State _____	Zip _____
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Email _____	Position Applied for _____	Date Available to Start _____
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List any friends/relatives employed by Employer

Name _____	Relationship _____
Name _____	Relationship _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? _____
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Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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If yes, explain _____

Education

	School Name	City	State	Credit/Hours Completed	GPA	Degree Received	Certificate Received
High School	_____	_____	_____	N/A			_____
College	_____	_____	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____	_____	_____

Other	_____	_____	_____	_____	_____	_____	_____
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List any special equipment you can operate (eg. Forklift, Office Equipment) _____
List any computer software you can use _____
List any additional training, seminars etc. _____
List any foreign languages you speak/write _____

To be completed after job offer made:	
Emergency Contact _____	Relationship to you _____
Address _____	
Phone Number _____	

Previous Employment
List previous 10 years of employment history beginning with you current or most recent employer. For any unemployed or self-employed periods over three months, show dates and location. Give full details for any discharge. Attach Additional sheet(s) if necessary.
Note – When applying for a position as a commercial driver, DOT requires that you supply the motor carrier with a minimum of 10 years of employment history.

		Dates Employed		
Employer _____	OK to Contact _____	From _____	To _____	Supervisor/Contact Name _____
		Hourly Rate/Salary		
Address _____		Starting _____	Final _____	Full-Time Part-Time _____ _____
City _____	State _____	Zip _____		Your Title/Job Classification _____
County _____	Phone (including Area Code) _____		Work Performed _____	
Drivers Only: Were you subject to the FMCSR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving _____	
Were you subject to DOT Drug and Alcohol testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

		Dates Employed		
Employer _____	OK to Contact ____	From _____	To _____	Supervisor/Contact Name _____
		Hourly Rate/Salary		
Address _____		Starting _____	Final _____	Full-Time Part-Time _____ _____
City _____	State _____	Zip _____		Your Title/Job Classification _____
County _____	Phone (including Area Code) _____		Work Performed _____	
Drivers Only: Were you subject to the FMCSR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving _____	
Were you subject to DOT Drug and Alcohol testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

		Dates Employed		
Employer- _____	OK to Contact ____	From _____	To _____	Supervisor/Contact Name _____
		Hourly Rate/Salary		
Address _____		Starting _____	Final _____	Full-Time Part-Time _____ _____
City _____	State _____	Zip _____		Your Title/Job Classification _____
County _____	Phone (including Area Code) _____		Work Performed _____	
Drivers Only: Were you subject to the FMCSR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving _____	
Were you subject to DOT Drug and Alcohol testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Gaps:
Please explain any gaps (include dates) in your employment history during the past 10 years.

Reference

Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			
Full Name:		Relationship:	
Company:		Phone:	
Address:			

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____