



**APPLICATION FOR EMPLOYMENT**

WE ARE A DRUG FREE WORKPLACE. APPLICANTS WILL BE SCREENED.

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>	Location:	Date:
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**APPLICANT INFORMATION**

Name			
	Last	First	Middle

Present Address					
	Number	Street	City	State	Zip

**PREVIOUS THREE YEARS RESIDENCY**

Address					
	Number	Street	City	State	Zip

Telephone	Email Address				
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Address					
	Number	Street	City	State	Zip

Social Security No.	Date of Birth				
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Are you 18 years or older? (If no, you may be required to provide authorization to work) <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you eligible to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		Days available to work			
Position applied for	(1)		Mon	Thur	
	(2)		Tue	Fri	
(Be specific):			Wed	Sat	
			Sun		
Can you work any shift?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Can you work OT including week ends?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Employment desired	<input type="checkbox"/> FULL TIME ONLY	<input type="checkbox"/> PART TIME ONLY	<input type="checkbox"/> FULL or PART TIME
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When are you available to start?	Are you able to perform the essential functions of the job with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				



Other				
List special courses/ training completed:				
Have You Ever Been Convicted Of A Crime? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If, yes explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense (s) was/were committed, sentence(s), imposed, and type(s) rehabilitation.				

EMPLOYMENT HISTORY	
Work Experience:	Please list your work experience for the <b>past seven (7) years</b> beginning with your most recent job held. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b> <b>Any gaps in employment in excess of one (1) month must be explained.</b>

1- Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From	Start
City, State, Zip code:		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
<b>FOR COMMERCIAL DRIVERS ONLY</b>	While employed here, were you subject to the Federal Motor Carrier Safety Regulations?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Was the job designated as a safety-sensitive function in any Department Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

2 - Name of Employer:	Name of last Supervisor	Employment Dates	Pay or Salary
Address:		From	Start
City, State, Zip code:		To	Final
Phone number:	Your last job title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			



<b>FOR COMMERCIAL DRIVERS ONLY</b>	While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Was the job designated as a safety-sensitive function in any Department Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3 - Name of Employer:		Name of Last Supervisor	Employment Dates
Address:			From
City, State, Zip code:			To
Phone number:		Your last job title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
<b>FOR COMMERCIAL DRIVERS ONLY</b>	While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Was the job designated as a safety-sensitive function in any Department Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Please list two references other than relatives or previous employers			
Reference 1		Reference 2	
Name		Name	
Position		Position	
Company		Company	
Address		Address	
Telephone		Telephone	



**FOR COMMERCIAL DRIVERS APPLICANTS ONLY**

**LICENSE INFORMATION**

No person who operates a commercial motor vehicles shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more vehicle license, the information for which is listed below. Include all licenses held for the past **3 years**; attach additional sheets if needed.

State Issued:	License #	Type/Class	Endorsements	Expiration Date

**PREVIOUS HELD LICENSES**

State Issued:	License #	Type/Class	Endorsements	Expiration Date

**DRIVING EXPERIENCE**

Class of Equipment	Type of equipment (Van, Tank, Flat, Etc)	Date From	Date to	Aproximate # of Miles
Straight Truck				
Tractor & Semi-trailer				
Tractor & 2 Trailers				
Tractor & Tanker				

**ACCIDENT RECORD FOR THE PAST 3 YEARS**

Date Occured	Nature of Accident (Head-on, rear-end, etc)	Fatalities	Injuries	Chemical Spills

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS**

Date Convicted	Violation	State of Violation	Penalty (Points, Bond, etc)

Have you ever been denied a license, permit or privilege to operate a Motor vehicle? If Yes, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any license, permit or privilege ever been suspended or revoked? If yes, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO