



APPLICATION FOR EMPLOYMENT

(A copy of your current driving record must be submitted and approved by our insurance carrier prior to final employment is offered)

PERSONAL INFORMATION DATE

LEGAL NAME

LAST	FIRST	MI	NICKNAME IF ANY
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ADDRESS

STREET	CITY	STATE	ZIP
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PHONES

HOME	CELL	CONTACT
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ARE YOU 18 YEARS OR OLDER? YES NO Do you have a valid driver's license? YES NO Do you have a clean driving record? YES NO
 ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE USA BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

POSITION YOU ARE APPLYING FOR: _____ **DATE YOU CAN START:** _____ **WAGE DESIRED:** _____

WHY DO YOU WANT THIS POSITION? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE	SUBJECT STUDIED:		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	SUBJECT STUDIED:		

SUBJECTS OF SPECIAL STUDY OR RESEARCH: _____

SPECIAL SKILLS: _____

ACTIVITIES AND HOBBIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE THE NAME OF ORGANIZATIONS, WHICH WOULD INDICATE: RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS.

MILITARY SERVICE: _____ **RANK:** _____ **PRESENTLY IN NATIONAL GUARD OR RESERVES?** YES NO

CURRENT AND FORMER EMPLOYERS (LIST YOUR CURRENT AND PAST EMPLOYERS IN CHRONOLOGICAL ORDER) (CDL APPLICANTS USE DOT SHEET)

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE NUMBER OF EMPLOYER	WAGE	POSITION	REASON FOR LEAVING
CURRENT ----- STARTED				
FROM ----- TO				
FROM ----- TO				
FROM ----- TO				
FROM ----- TO				
FROM ----- TO				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

MAY WE CALL YOUR CURRENT EMPLOYER FOR A REFERENCE? YES NO

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE, CITY, STATE	WHAT IS YOUR RELATIONSHIP WITH THIS PERSON?	YEARS ACQUAINTED
1			
2			
3			

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE _____ APPLICANT'S SIGNATURE: _____

OFFICE USE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

HIRED YES NO POSITION _____ FULL TIME/ PART TIME _____

STARTING WAGE _____ WAGE REVIEW DATE _____

EXPECTED RAISE _____

HEALTH INSURANCE ELIGIBILITY DATE _____

REVIEWED AND APPROVED

SUPERVISOR SIGNATURE

NEW EMPLOYEE SIGNATURE