

# APPLICATION FOR EMPLOYMENT

**\*\*\*PRE-EMPLOYMENT DRUG TESTING IS REQUIRED FOR CERTAIN POSITIONS\*\*\***

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**This application is current for forty-five (45) days only. If you have not heard from us within 45 days and still wish to be considered for employment, it will be necessary for you to fill out a new application.**

**Any applicant who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the essential functions of the job for which the applicant is applying should inform Human Resources**

PERSONAL DATA						
<i>Please Complete Pages 1-4</i>			Date: _____			
Name _____						
Last		First	Middle			
Present Address _____						
No.	Street		City	State		Zip
If under 18, please list age: _____						
Position Applied For: _____			Days/Hours Available to Work			
Salary Desired: _____			No Pref.	Thu	_____	
			Mon	Fri	_____	
			Tue	Sat	_____	
Telephone: (      ) _____			Wed	Sun	_____	
How many hours can you work weekly? _____			Can you work nights? _____			
Employment Desired:	<input type="checkbox"/>	Full Time Only	<input type="checkbox"/>	Part Time Only	<input type="checkbox"/>	Full or Part Time
Date available for work? _____			Have you ever worked for this company before?		Yes	No _____
If so, when and where? _____			Supervisor _____			
List any relatives presently working for this company and location? _____						

**HAVE YOU EVER PLED GUILTY OR NO CONTEST TO OR BEEN CONVICTED OF A FELONY?**

YES       NO

If yes, for each felony conviction explain the offense leading to your conviction, the date each offense was committed, the sentence imposed, and the type of rehabilitation. Felony conviction will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.

EDUCATION						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Address)	CIRCLE LAST GRADE COMPLETED		MAJOR & DEGREE	
High School			10	11	12	
			10	11	12	
College			1	2	3	4
			1	2	3	4
Bus. or Trade School			1	2	3	4
			1	2	3	4

MILITARY
Please describe any job-related military training received.
_____
_____
_____

**WORK EXPERIENCE:** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name.  
**Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Date	Pay or Salary
		From To	Start Final
	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.			

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**COMPLETE ONLY IF YOU ARE APPLYING FOR A DRIVER'S POSITION**

Do you have a commercial drivers license?  No  Yes Name of State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

List all state(s) that have issued you a driver's license within the past 10 years. List the state and year(s) for each license:

Prior to employment you must provide the company with evidence that you have a current medical examiner's certificate required by section 391.43 of the Federal Motor Carrier Safety Regulations [Part 391 Code of Federal Regulations]. The medical exam card must also indicate compliance with the required drug test.

Prior to employment the company will request authorization to check your driving record for moving violations and "charge" accidents for the past five years. List any moving violations and chargeable accidents you have had for the past five years:

Incident: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER QUALIFICATIONS**

Please summarize any other special skills or qualifications you feel are applicable to the job for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsifications, omissions or misstatements of information are grounds for refusal to hire or, if employed, may be grounds for termination. I further authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date