



Application For Employment

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status.

| | | | | |
|---|----------------|---|--|------|
| PERSONAL INFORMATION | | Drivers Lic.No. | SOCIAL SECURITY NO. | DATE |
| Last Name | First | Middle | Telephone No. | |
| Present Address | No. and Street | City | State and Zip Code | |
| Permanent Address | No. and Street | City | State and Zip Code | |
| If you are not a citizen of the United States, please indicate your authorization to be employed. | | Vehicle Lic. No. / Make & Year | | |
| Employment Desired | | Date You Can Start | Salary Desired | |
| Position(s) applied for | | Are you currently employed? | If so may contact your present employer? | |
| | | Do you seek full or part-time employment? | | |
| Do you have any special skills, experience or qualifications to the position(s) applied for? | | Do you have any physical limitations which would hinder your performance in the position applied for? | | |

For CDL Drivers only:

| Commercial Driver License | State | License Number | Type | Expiration Date |
|---------------------------|-------|----------------|------|-----------------|
| | | | | |

Driving Experience:

| Class of Equipment | Type of Equipment (Dump, Flat, Tank, Etc.) | Dates | | Approx. Number of Miles (Total) |
|----------------------|---|-------|----|------------------------------------|
| | | From | TO | |
| Straight Truck | | | | |
| Tractor/Semi-Trailer | | | | |
| Tractor/2 Trailers | | | | |
| Other | | | | |

Accident Record for the Past 3 years or more (Attach sheet if more space is needed)

| Dates | Nature of Accident (Head-on, Rear-End, Upset, etc.) | Fatalities | Injuries |
|-------|--|------------|----------|
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| | | | |
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*****NOTE: OUR POLICY IS; ALL QUALIFIED APPLICANTS ARE SUBJECT TO A PRE-EMPLOYMENT DRUG SCREENING BEFORE BEING HIRED: WE ALSO DO RANDOM, POST ACCIDENTS AND REASONABLE CAUSE/SUSPICION DRUG SCREENINGS.**

PREVIOUS EMPLOYMENT

Please explain any gap in employment history below

| Please List Most Recent Employment First | | Name & Location | Position | Salary | Reason for Leaving |
|--|-------|-----------------|----------|--------|--------------------|
| 1 | From: | | | | |
| | To: | | | | |
| 2 | From: | | | | |
| | To: | | | | |
| 3 | From: | | | | |
| | To: | | | | |

Education or Special training History

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| |
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PERSONAL - WHO DO WE NOTIFY IN CASE OF AN EMERGENCY?

| NAME | ADDRESS | CITY | STATE & ZIP CODE | TELEPHONE | RELATIONSHIP |
|------|---------|------|------------------|-----------|--------------|
| | | | | | |
| | | | | | |

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of fact called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without previous notice.

Date: _____

Signature: _____

The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on basis of age with respect to individuals who are at least 40 but less than 65 years of age. If this state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.

Employer's Remarks:

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|----------|----------|--------------|--------------|
| Hired by | Position | Date Started | Salary/Wages |
|----------|----------|--------------|--------------|