



# EMPLOYMENT APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Expected wage per hour \$ \_\_\_\_\_

Do you hold a valid driver's license?  Yes  No State \_\_\_\_\_ License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Can you drive a standard shift?  Yes  No What types of trucks have you driven? \_\_\_\_\_

Have you had any driving accidents or violations in the past three years?  Yes  No

If "yes", please explain: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If "yes," please explain: \_\_\_\_\_

Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

If "no," please explain: \_\_\_\_\_

## Education

	Number of Years Completed	Graduated		Courses / Major
High School _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
College _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
College _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Vocational / Technical _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

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<b>Employment History</b>		
From	Job Title	Employed By
To	Your Duties	Address (Street, City, State, Zip)
Salary		Supervisor's Name and Telephone
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving		
From	Job Title	Employed By
To	Your Duties	Address (Street, City, State, Zip)
Salary		Supervisor's Name and Telephone
Reason for Leaving		
From	Job Title	Employed By
To	Your Duties	Address (Street, City, State, Zip)
Salary		Supervisor's Name and Telephone
Reason for Leaving		

**Personal References**

Name	Address	Telephone

**EMPLOYMENT**

Type of Work Desired \_\_\_\_\_ Salary (Hourly Wage) Desired \_\_\_\_\_

How Were You Referred To Our Organization? \_\_\_\_\_

Do You Have Any Relatives Who Are Employed By This Organization? \_\_ Yes \_\_ No

Please Specify : \_\_\_\_\_

Is there any information we would need about your name, or use of another name, for us to be able to check your work record?  
\_\_ Yes \_\_ No

Please Specify : \_\_\_\_\_

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

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

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only: Hire Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ W-481-9 \_\_\_\_\_

*Equal Opportunity and Drug-Free Employer*