

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Subject to FMCSA regulations? _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Subject to FMCSA regulations? _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO Subject to FMCSA regulations? _____

License Information

State of License: _____ License Number: _____

Expiration _____

Driving Experience

| Class of Equipment | Type of Equipment (Can, Tank, Flat, Etc.) | Dates | |
|--------------------------|--|-------|----|
| | | From | To |
| Straight Truck | | | |
| Tractor and Semi-Trailer | | | |
| Tractor-Two Trailers | | | |
| Other | | | |

Accident Record for Past 3 Years or More (continue on back side if more space is needed)

| Dates | Nature of Accident (head-on, read-end, upset, etc.) | Nbr. Of Fatalities | Number of Injuries | Chemical Spill |
|-------|--|-----------------------|-----------------------|-------------------|
| | | | | __ Yes __ No |
| | | | | __ Yes __ No |
| | | | | __ Yes __ No |

Traffic Convictions & Forfeitures for the Past 3 Years (other than parking violations)

| Dates | Nature of Accident (head-on, read-end, upset, etc.) | Nbr. Of Fatalities | Number of Injuries | Chemical Spill |
|-------|--|-----------------------|-----------------------|-------------------|
| | | | | __ Yes __ No |
| | | | | __ Yes __ No |
| | | | | __ Yes __ No |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make investigations and inquiries to my employment and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and release information in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____