

Application for Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applying For: _____

Date of Application: _____

How did you learn about us?

Advertisement

Friend

Inquiry

Employment Agency

Relative

Other _____

Type of employment desired:

Full-time

Seasonal

Part-time

Educational Co-op

Temporary

Last Name: _____ First Name: _____ Middle Name: _____

Address: *Number* *Street* *City* *State* *Zip Code*

Preferred Phone: _____ Email: _____

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date: _____

Have you ever been employed by us before? Yes No
If yes, give date: _____

Do any of your friends or relatives, other than spouse, work here? Yes No
If yes, give name and relationship: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

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Are you available to work –

Full-time?

Yes No

If yes, indicate shift: ___ 1 ___ 2 ___ 3

Part-time?

Yes No

If yes, indicate ___ Mornings ___ Afternoons ___ Evenings

Temporary?

Yes No

If yes, indicate available dates: _____ to _____

Are you currently on “lay-off” status and subject to recall?

Yes No

Can you travel for extended periods if the job requires it?

Yes No

Are you physically capable of heavy manual work? Please explain.

Would you be willing to take a physical examination?

Yes No

Personal/Professional References *(Do not include family members or past supervisors.)*

Name	Phone	Best Time to Call	Occupation

Date of Birth: _____

Driver Licenses

State	License Number	Type	Exp. Date

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Yes No

Has any license, permit, or privilege ever been suspended or revoked?

Yes No

Have you ever tested positive or refused to test on any pre-employment alcohol or drug tests for DOT employment for which you were not hired in the last 2 years?

Yes No

*(If the answer to any of the above questions is yes, provide details in **Notes** section at end of application.)*

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Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles
		From	To	
Straight Truck				
Tractor and Semi-Tractor				
Tractor – Two Trailers				
Other				

List states operated in for the last five years:

Describe any special courses or training you have taken that will assist you as a driver:

Show any trucking, transportation or other experience that may assist in your work for this company:

Accident Record for Past 3 Years or More *(If more space is required, provide details in **Notes** section at end of application.)*

	Date	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Most recent				
Next previous				
Next previous				
Next previous				

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

Location	Date	Charge	Penalty

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

Additional Notes as Needed