



EMPLOYMENT APPLICATION

Date of Application:	Date Available to Start:
Position Applied For:	Desired Salary:
Referred by (Employee Name, if applicable):	

APPLICANT INFORMATION

NAME (First, Middle, Last):	Home Phone:		
Current Address:	Cell Phone:		
City, State, Zip Code:	Email Address:		
How Long Have You Been at This Address:	Are you legally authorized to work in the U.S.?		
	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">YES</td> <td style="padding: 0 10px;">NO</td> </tr> </table>	YES	NO
YES	NO		
How you ever worked for this company before?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">YES</td> <td style="padding: 0 10px;">NO</td> </tr> </table>	YES	NO
YES	NO		
If yes, when and under what title?			
Have you ever been convicted of a misdemeanor and/or felony?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">YES</td> <td style="padding: 0 10px;">NO</td> </tr> </table>	YES	NO
YES	NO		
If yes, please explain:			

EDUCATION

Name & Location of School	Years Attended	Did You Graduate?	Area of Study and Degrees Acquired
High school:		YES NO	
College:		YES NO	
Other:		YES NO	

EMPLOYMENT EXPERIENCE for the past three (3) years.

ATTENTION: If you hold a CDL, you must provide COMMERCIAL DRIVING EXPERIENCE for the past 10 years (Attach additional sheet if more space is needed)

Current/Last Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		

Previous Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		

Previous Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		

Previous Employer		<i>May we contact this employer?</i>	YES	NO
Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
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City/State/Zip Code		Salary:		
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Company Name:		Position:		
Reason for Leaving:		Dates Employed:		
City/State/Zip Code		Salary:		
		Company Phone #:		
Y	N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?		
Y	N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?		

MILITARY SERVICE: If you have U.S. Military or Naval service, please provide the following:

Dates of Service: _____

Branch and Rank: _____

Present Membership in National Guard or Reserves: _____

REFERENCES

Please list at least one and not more than three professional references.

Full Name: _____

Relationship: _____

Company: _____

Phone No.: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone No.: _____

Address: _____

Full Name: _____

Relationship: _____

Company: _____

Phone No.: _____

Address: _____

CERTIFICATIONS AND ACKNOWLEDGMENTS

Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.

_____ **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

_____ **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

_____ **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

_____ **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

_____ **Testing Authorization**

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

_____ **Background Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

_____ **Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

THE FOLLOWING SECTION MUST BE COMPLETED BY APPLICANTS FOR POSITIONS THAT REQUIRE THE OPERATION OF ANY COMPANY VEHICLE (including cars, vans, trucks, etc.)

Applicants who are NOT applying for a position that requires operation of company vehicles, you have reached the end of the application. **Do NOT complete the following sections.*

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE AND CDL PHYSICAL CARD, if applicable.

Social Security #:	Date of birth:
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Residence for the past three (3) years

Address:	City, State, Zip Code:	How long here:

States and license numbers for all unexpired commercial licenses and permits

STATE	LICENSE #	EXPIRATION DATE	CLASS A,B	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment (Van, Flat, Tank, Etc.)	DATES		Approximate # of miles TOTAL
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past three (3) years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Conviction and Forfeitures for the past three (3) years:

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

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Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Y	N
If YES, please explain:		
Has any license, permit or privilege ever been revoked?	Y	N
If YES, please explain:		
The company requires all employees who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving. Do you consent to such testing?	Y	N

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the information in this application will be used and that prior employers may be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date