



## 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	_____

Employment History		
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
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I hereby certify that the information given by me is true in all respects. I understand that misrepresentation or omission of facts may result in refusal to hire or termination of employment.

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

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

*Equal Opportunity and Drug-Free Employer*