

# APPLICATION FOR EMPLOYMENT



**INSTRUCTIONS TO APPLICANT:** Please answer all questions. If the answer to any question is "No" or "None" do not leave the item blank, but write "No" or "None". This is important! (PLEASE PRINT CLEARLY)

## PERSONAL

To Applicant:

We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications.

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PL 90-202 prohibits, discrimination because of age. If the city or state in which you are applying for a position prohibits the request of any information on this form the item(s) may be omitted.

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State Zip

How long have you lived at present address? \_\_\_\_\_

Previous Address \_\_\_\_\_  
No. Street City State Zip

How long did you you live at previous address? \_\_\_\_\_

Are you over 18?  Yes  No Are you a U.S. Citizen?  Yes  No If not, are you an alien authorized to work in the U.S.?  Yes  No

Position(s) applied for \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per week

Would you work  Full-Time  Part-Time Specify days and hours if part-time \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Person to be notified in case of accident or emergency \_\_\_\_\_  
Name

\_\_\_\_\_ Address Phone

Special Skills \_\_\_\_\_

Activities (Civic, Athletic, Etc.) \_\_\_\_\_

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation or origin of its members.

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the company?

Record of Education							
School	Name and Address of School	Course of Study	Years Attended		Check Last Year Completed	Did You Graduate?	List Diploma or Degree
			From	To			
Elementary					5 6 7 8		
High					1 2 3 4		
College					1 2 3 4		
Other (Specify)					1 2 3 4		

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## MILITARY SERVICE RECORD

What is your present Selective Service classification? \_\_\_\_\_

Were you in U.S. Armed Forces?  Yes  No If yes, what Branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Month Day Year Month Day Year

Type of discharge: Honorable  Dishonorable  Other (Specify) \_\_\_\_\_

List duties in the service including special training \_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights?  Yes  No If yes, what training did you take? \_\_\_\_\_

Personal References (Not Former Employers or Relatives)		
Name and Occupation	Address	Phone No.

## EMPLOYMENT HISTORY

**GIVE A COMPLETE RECORD OF ALL EMPLOYMENT FOR THE PAST INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT (must include at least previous 10 years)**

### PRESENT OR LAST EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year Name \_\_\_\_\_

Phone No. \_\_\_\_\_  
No. Street City State Zip

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

### NEXT PREVIOUS EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year Name \_\_\_\_\_

Phone No. \_\_\_\_\_  
No. Street City State Zip

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

### NEXT PREVIOUS EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year Name \_\_\_\_\_

Phone No. \_\_\_\_\_  
No. Street City State Zip

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

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## NEXT PREVIOUS EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Phone No. \_\_\_\_\_

Name \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

## NEXT PREVIOUS EMPLOYER

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Phone No. \_\_\_\_\_

Name \_\_\_\_\_

No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Held \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

Have you ever been bonded?  Yes  No If yes, on what jobs? \_\_\_\_\_

May we contact the employers listed above?  Yes  No If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

Which of these jobs did you like Best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

Which job did you like least? \_\_\_\_\_

What parts of the job were least desirable? \_\_\_\_\_

Drivers Licenses (List each driver's license held in the past three years)			
State	License No.	Type	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No
- C. Have you ever been a party to a law suit or any criminal prosecution other than debt collection proceedings or minor traffic citations?  Yes  No

If the answer to A, B or C is YES, give details.  
 \_\_\_\_\_

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Signature Date

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IF APPLYING FOR A DRIVER'S POSITION, PLEASE COMPLETE THIS PAGE

Driving Experience			
Class of Equipment	From	To	Approximate No. of Miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor-Two Trailers			
Other			

List states operated in for the last five years \_\_\_\_\_

Show special courses of training that will help you as a driver. \_\_\_\_\_

What Safe Driving Awards do you hold and from whom? \_\_\_\_\_

Accident Record for Past Three Years (Attach sheet if more space is needed)			
Dates	Nature of Accident (Head-on, rear-ended, upset, etc.)	No. of Fatalities	No. of People Injured

Traffic Convictions and Forfeitures for the Last Three Years (other than parking violations)			
Location	Date	Charge	Penalty