



Application for Employment

Signature of Applicant _____ Date _____

Name _____ ()
First Middle Last Phone

*Current Address _____
Street City State Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Position applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

Names of any relatives employed by this company. _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____
Name Address

GENERAL

Have you ever been bonded? _____
(Answer only if a job requirement.) Name of bonding company _____

Have you ever been convicted of a felony? _____

If Yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

Date of Birth _____

Employment Record

The U. S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three-year period. §391.(b) (10), (11). Start with last or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____ Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: () _____
 Position Held: _____ From _____ To: _____ Salary: _____
 Reason for leaving: _____

Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: () _____
 Position Held: _____ From _____ To: _____ Salary: _____
 Reason for leaving: _____

Supervisor's Full Name: _____
 Full Address: _____ Zip: _____ Phone: () _____
 Position Held: _____ From _____ To: _____ Salary: _____
 Reason for leaving: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tuneup & Rebuild			Electrical Repair		
Gad Engine Tuneup & Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning (Cab)			Inspections (State / Federal)		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Diagnostic Equipment (type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions / Smoke Testing		
Air Conditioning (Cab)			Inspections (State / Federal)		
Refrigeration (Cargo)			General Car Repair		
ASE Certification(s) (Specify)					

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

Indicate training and experience in the following:	Formal Training (check)	Years of Experience	Area	Formal Training (check)	Years of Experience
Typing (wpm)			Photocopier		
Shorthand (wpm)			Fax Machine		
Filing			Switchboard Equipment (indicate type)		
UPS or Postal Meter			Calculator		
Computers (indicate Software)			Payroll		
Accounting (SBT, Macola, Mas90)			Billing		
E-Mail			Interline		
Spread Sheets (Excel, Lotus)			Claims		
Word Processing (Word, Word Perfect, Works)			Cashier		
			Dispatcher		
			Traffic		

Rates (indicate tariffs with which you have worked) _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work. _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company. I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Lay 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejections or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Date

Applicant Signature

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*Driver applicants only
 Signature of Interviewing Officer: _____ Date: _____

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
 PROCESS RECORD**

Applicant Hired? Yes _____ No _____ Date of Birth: _____ (Month/day/year) *
 Date Employed: _____ Point Employed: _____
 Department: _____ Classification: _____
 (If not hired, summary report of reasons should be placed in file)
 IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____
 Address: _____

TRANSFERS

From: _____ To: _____ From: _____ To: _____
 Date: _____ Date: _____
 Reason for Transfer: _____ Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Release From: _____
 Dismissed: _____ Voluntarily Quit: _____ Other: _____
 Termination Report Placed in File: _____ Supervisor: _____