

# Application for Employment

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Where did you hear about job opening? \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Have you ever worked for us before?  Yes  No If yes, when? \_\_\_\_\_

Are you presently employed?  Yes  No May we contact your present employer?  Yes  No

## EMPLOYMENT HISTORY – LIST YOUR LAST FOUR EMPLOYERS, WITH THE MOST RECENT FIRST

Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: _____ To: _____	_____	_____	_____
Supervisor's Name & Tel. #	Reason for Leaving:		
Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: _____ To: _____	_____	_____	_____
Supervisor's Name & Tel. #	Reason for Leaving:		
Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: _____ To: _____	_____	_____	_____
Supervisor's Name & Tel. #	Reason for Leaving:		
Employment Dates	Employer Name/Address/Phone	Position Held	Pay Rate
From: _____ To: _____	_____	_____	_____
Supervisor's Name & Tel. #	Reason for Leaving:		

I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or immediate dismissal if employed.

I authorize the Company to solicit the information desired in connection with my application for employment. I realize that this investigation may include contacting my prior employers, supervisors, references, schools, etc. I authorize each individual and organization to release such information; and I release from all liability or responsibility all persons, companies, or organizations supplying such information.

I understand that the Company has a strong policy concerning alcohol and drug use and that after a conditional offer of employment, I will have to take a drug/alcohol screening test. I also understand that during my course of employment with the Company, I may be required to submit to drug and alcohol testing as defined by the Company.

I understand that employment is at-will and that I am free to resign at any time, and that the Company reserves the right to terminate my employment at any time, with or without cause and without prior notice. I also understand that no representative of the Company has the authority to make any assurances to the contrary.

I understand and authorize the Company to obtain a credit file or criminal check on me if deemed necessary at any time during the application phase or during my employment with the Company.

I understand that if I drive Company vehicles that I must keep my drivers' license and CDL's current and I must immediately report any traffic violations received on or off work to the Human Resources Department.

I certify the information in this application form is correct and complete.

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

\_\_\_\_\_  
Date

Have you been convicted of (or pleaded nolo contendere to) a felony? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain fully and indicate the conviction. \_\_\_\_\_

Have you ever been terminated (or requested to resign) from prior employment? \_\_\_\_ Yes \_\_\_\_ No. If yes, please explain fully and indicate date, name, and telephone number of the person(s) who terminated you (or requested the resignation). Additional space for details on reverse side.

**EDUCATIONAL BACKGROUND**

Name and Location	Years Completed	Did You Graduate?	Major/Course of Study	Degree
High School:				
College:				
Other (Vocation/Trade/Specialized Training)				

**SKILLS AND QUALIFICATIONS**

Summarize special skills, qualifications, or other experience that you may qualify you for work with our Company.

**DRIVING INFORMATION**

The following information concerning driving need only be filled out if you desire to be considered for a position requiring operation of a vehicle. If the answer to questions 2 through 6 is "YES", explain additional information below.

Do you have a current, valid driver's license?	Yes	No
Have you had a vehicle accident of any type within the last 3 years?	Yes	No
Have you been convicted or forfeited bail for moving violations in the last 3 years?	Yes	No
Has your auto insurance ever been canceled or has any company declined to insure you?	Yes	No
Has your driver's license or chauffeur's license ever been restricted, revoked, or suspended? (When, where, and why?)	Yes	No
Have you been convicted or forfeited bail for reckless or drunken driving in the last 3 years?	Yes	No
Do you have a CDL license?	Yes	No
If yes, give class, endorsements, and restrictions:		
Additional Information.		

NOTE: This Application Form must be completely filled out by the applicant. Every question must be answered fully and completely. Any incomplete Application Form can not be accepted.