

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**  DATE

NAME SOCIAL SECURITY #

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

PHONE NO. DATE OF BIRTH

IN CASE OF EMERGENCY, PLEASE NOTIFY: PHONE:

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? NO YES

HAVE YOU EVER BEEN CHARGED FOR OR CONVICTED OF A FELONY, MISDEMEANOR OR CRIMINAL VIOLATION? NO YES

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START

IT IS REQUIRED BY LAW FOR DRIVERS

TO HAVE A PRE-EMPLOYMENT DRUG TEST. ARE YOU WILLING TO COMPLY? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_

ARE YOU WILLING TO DRIVE TRIPS? YES\_\_\_\_\_ NO \_\_\_\_\_ EVENING \_\_\_\_\_\_ DAYTIME \_\_\_\_\_\_

ARE YOU EMPLOYED NOW? MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAS YOUR LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED OR SUSPENDED? NO YES

DO YOU CURRENTLY HAVE A CDL LICENSE? LICENSE # EXP

(IF SO, PLEASE INCLUDE LICENSE # AND EXPIRATION DATE ABOVE) WHAT ENDORSEMENTS ARE ON CDL?

EDUCATION NAME & LOCATION OF SCHOOL DID YOU GRADUATE?

GRAMMER SCHOOL

HIGH SCHOOL

COLLEGE

OTHER SCHOOLING

MILITARY PRESENT MEMBERSHIP IN

US MILITARY OR NAVAL SERVICE RANK NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST EMPLOYER FIRST)

DATE MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER POSITION REASON FOR LEAVING

FROM

TO

FROM

TO

FROM

TO

WHICH OF THESE JOBS DID YOU LIKE BEST? WHY?

REFERENCES: GIVE THE NAMES OF 3 PEOPLE NOT RELATED TO YOU, THAT YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME PHONE OCCUPATION YEARS KNOWN

1

2

3

I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be TERMINATED at any time.

“In consideration for my employment, I agree to conform to the company’s rules, policies and regulations, and I agree that my employment and compensation can be terminated , with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand that my pre-employment physical, drug testing, training and CDL fees will be company paid providing I remain with the company for at least 3 months. I will be reimbursed for training and licensing expenses 3 months after I pass my CDL driving test, providing I am still employed with the company.”

DATE SIGNATURE OF APPLICANT

EMAIL ADDRESS (optional) Will not be shared with anyone

Will only be used for company purposes & notifications

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS

ABILITY

HIRED: YES NO POSITION

REV 3/7/16