

An equal opportunity employer

This company provides equal opportunity to all qualified persons without regard to race, color, national origin, sex, age, religion, marital, or veteran status, medical condition or handicap, or any other status protected by law.

Please type or print in ink.

Name: _____
 Mailing address: _____
 Street address (if different from mailing address): _____
 City, state, zip: _____
 Home phone: _____ Work phone: _____
 Position(s) applied for: _____
 Salary requirement: _____

Are you 18 years of age or older?
 Yes No

To the best of your knowledge, are you legally eligible to work permanently in the United States?
 Yes No
If hired, you will be required by law to provide documents verifying your employment eligibility.

Have you ever been convicted of a felony?
 Yes No

If yes, list convictions: _____
A conviction does not necessarily disqualify an applicant.

Driver's license number: _____ Class: _____

Check the types of vehicle you are qualified to operate:

Passenger Car Light Truck Straight Truck Tractor/Trailer

Have you ever applied for employment of previously worked for this company?
 Yes No

If yes, what month and year? _____

Have you served in the U.S. Army Forces?
 Yes No

Branch: _____ Years served: _____

Rank at Discharge: _____

EDUCATION

SCHOOL TYPE	SCHOOL NAME AND LOCATION	COURSE OF STUDY	DATES ATTENDED		GRADUATED		DEGREE
			FROM	TO	YES	NO	
HIGH SCHOOL							
TECHNICAL TRADE (after high school)							
COLLEGE (list all attended)							

EMPLOYMENT HISTORY

Please list most recent first. Include self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Name of Employer: _____
Address (Street, City, State, Zip): _____
Position: _____
Supervisor and Title: _____
Employed From: _____ To: _____
Starting Pay: _____ Ending Pay: _____
Duties: _____
Reason for leaving: _____

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Position: _____
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Employed From: _____ To: _____
Starting Pay: _____ Ending Pay: _____
Duties: _____
Reason for leaving: _____

Special skills: _____

Awards and honors: _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation of facts will be justification for separation from the company's service. If employed, I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

I understand and agree that, if employed, the employment will be "at will," that is either I or the company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no employee or representative of the company has the authority to enter into any agreement with me for employment for any specific period of time or make any arrangement with me contrary to the foregoing.

I understand that employment as a driver is contingent upon insurability and, if employed as a driver, I am subject to immediate discharge if I become uninsurable for any reason during the course of my employment.

I understand that application will be considered valid for a period of 60 days. After 60 days, it will be necessary for me to submit a new application.

Applicant's Signature: _____

Date: _____