



DATE: _____ HOW DID YOU HEAR ABOUT US? _____

PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

ARE YOU UNDER 18: YES / NO

EMAIL

US Citizen (Circle one): YES / NO

EMPLOYMENT DESIRED

POSITION

DATE AVAILABLE

ARE YOU EMPLOYED NOW?

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU APPLIED TO THIS COMPANY BEFORE?

IF YES, WHEN?

EDUCATION

NAME OF SCHOOL

ADDRESS

DATES ATTENDED

COURSE OF STUDY

HIGH SCHOOL

COLLEGE

BUS. OR TRADE SCHOOL

OTHER

VETERAN (Circle one): YES / NO

EMPLOYMENT HISTORY (Starting with most recent)

1. _____

NAME AND ADDRESS OF EMPLOYER	PHONE	DATES EMPLOYED
POSITION	SUPERVISOR	REASON FOR LEAVING

2. _____

NAME AND ADDRESS OF EMPLOYER	PHONE	DATES EMPLOYED
POSITION	SUPERVISOR	REASON FOR LEAVING

3. _____

NAME AND ADDRESS OF EMPLOYER	PHONE	DATES EMPLOYED
POSITION	SUPERVISOR	REASON FOR LEAVING

REFERENCES (Give the names of three persons, not related to you, who you have known at least one year. Please, do not use the names of priests, pastors or ministers of religion)

NAME	ADDRESS AND PHONE	NATURE OF RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

NOTE: To be completed when applying for position as Driver, Helper or Mechanic.

DRIVER'S LICENSE

NUMBER	EXPIRATION DATE	CLASS	STATE
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Do you have experience driving a 24' box truck? If yes, how many years?

Have you ever failed or refused a pre-hire drug screen? If yes, please give details:

Any traffic violations or convictions within the last three (3) years? If yes, please give details:

Has your operator's license or chauffeur's permit ever been suspended? If yes, please give details:

Medical Card

NAME AS IT APPEARS ON CARD	EXPIRES
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It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this company/organization.**

AGREEMENT: I certify that the information of on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

SIGNATURE _____ DATE _____