**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**DATE:**

**NAME:**

 FIRST LAST MIDDLE

**ADDRESS:**

 STREET CITY STATE ZIP

**PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY NUMBER:**

**DATE OF BIRTH:**

**DO YOU HAVE A CURRENT & VALID DRIVER’S LICENSE? YES NO DRIVER’S LICENSE NUMBER**

**STATE OF ISSUE EXPIRATION DATE ENDOSEMENTS**

**CLASSIFICATION: OPERATOR , COMMERCIAL (CDL) , CHAUFFEUR**

**HAVE YOU HAD ANY ACCIDENTS IN THE LAST 3 YEARS? YES NO HOW MANY?**

**HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? YES NO HOW MANY?**

**POSITION APPLIED FOR: SALARY DESIRED:**

**DATE YOU CAN START: ARE YOU CURRENTLY EMPLOYED? YES NO**

**IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, PLEASE EXPLAIN:**

**DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?**

**YES NO IF YES, PLEASE EXPLAIN:**

**HAVE YOU EVER BEEN INJURED ON THE JOB? YES NO PLEASE EXPLAIN:**

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

 NAME ADDRESS

PHONE

**EDUCATION:**

**HIGH SCHOOL: YEARS COMPLETED DATE GRADUATED**

**COLLEGE: YEARS COMPLETED DATE GRADUATED**

**TRADE / BUSINES SCHOOL: YEARS COMPLETED DATE GRADUATED**

**WORK EXPERIENCE: PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. ATTACH ADDITIONAL SHEETS IF NECESSARY**

**NAME OF EMPLOYER NAME OF SUPERVISOR ENDING PAY**

**ADDRESS EMPLOYMENT DATES -**

**PHONE NUMBER YOUR LAST JOB TITLE**

**REASON FOR LEAVING (BE SPECIFIC)**

**LIST DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY**

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**ADDRESS EMPLOYMENT DATES -**

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**REFERENCES: (PLEASE LIST 3)**

NAME ADDRESS PHONE YEARS ACQUAINTED

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**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NOT DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE**

DATE SIGNATURE OF APPLICANT