



PO BOX 60
 KIELER, WI 53812
 K: 608-568-3257 G: 815-777-3257

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS	
<u>Application Information</u>	Date of Application: _____
Applicant Name:	_____
Address:	_____
City, State and Zip Code:	_____
Telephone Number:	_____
Email Address:	_____
Social Security:	_____
Date of Birth (optional):	_____
<u>Employment Position</u>	
Position Applying for:	_____
Salary Desired:	_____
How did you hear about this position?	_____
What days are you available to work?	_____
What hours or shift are you available to work?	_____
If needed, are you available to work overtime?	_____
On what date can you start working if you are hired?	_____
Do you have reliable transportation to and from work?	_____

Personal Information

Do you have any friends, relatives or acquaintances working for Guy's Truck & Tractor Serviv Yes ___ No ___

If yes, state name and relationship:

Are you 18 years of age or older? Yes ___ No ___

Are you a U.S. citizen or approved to work in the United States? Yes ___ No ___

What document can you provide as proof of citizenship of legal status?

Do you have a drivers license? Yes ___ No ___

Do you have a Commercial Drivers License (CDL)? Yes ___ No ___

License Number: _____ State: _____ License Type: _____

Have you had any accidents during the past three years? Yes ___ No ___

Have you had any moving violations during the past three years? Yes ___ No ___

Do you have any condition which would require job accommodations? Yes ___ No ___

If yes, please describe accommodations required below:

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes ___ No ___

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Guy's Truck and Tractor Service complies with the Americans with Disabilities Act (ADA) and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional).

Education and Training

Type of School	Name of School	Location	Yrs Completed	Major/Degree
High School				
College				
Business/Trade School				
Professional School				
Specialized Training				

Military

Are you a member of the Armed Services? Yes ___ No ___

Are you a member of the National Guard? Yes ___ No ___

Military Rank: _____ Date Entered: _____ Date Discharged: _____

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State & Zip Code: _____

Employer Phone Number: _____

Dates Employed: _____ Start Date: _____ End Date: _____
 Pay or Salary Amount: _____
 Reason for Leaving: _____

Previous Employment

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State & Zip Code: _____
 Employer Phone Number: _____
 Dates Employed: _____ Start Date: _____ End Date: _____
 Pay or Salary Amount: _____
 Reason for Leaving: _____

Previous Employment

Employer Name: _____
 Job Title: _____
 Supervisor Name: _____
 Employer Address: _____
 City, State & Zip Code: _____
 Employer Phone Number: _____
 Dates Employed: _____ Start Date: _____ End Date: _____
 Pay or Salary Amount: _____
 Reason for Leaving: _____

References (please provide 3 personal/professional references below)

Reference/Job Title	Contact Information

I certify that all the information on this application, my resume, and all supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, my employment can be terminated at any time, with or without any reason. I further understand that if hired, my employment is at will.

Application Signature: _____ Dated: _____