

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, and age, physical or mental disability.

Name: _____ Date of Application: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Do you have a valid Driver's License? YES NO
 If yes, TYPE: Operator Commercial (CDL) Chauffeur

License #: _____ State Issued: _____ Expiration Date: _____

GENERAL INFORMATION:

Position applied for: _____

Date available: _____

Salary desired: _____

Are you able to perform the essential job functions of the position for which you are applying? YES NO

Have you ever worked for the Employer in the past? YES NO

Has another member of your family ever worked for the Employer? YES NO
 If yes, WHO: _____

Have you ever been in the armed forces? YES NO

Are you now a member of the National Guard? YES NO

If yes, SPECIALTY: _____ Date Entered: _____ Date Discharged: _____

EDUCATION:

Highest Level of Education Obtained: High School GED Associates Bachelors Masters

Name of Institution: _____ Date Completed: _____

AVAILABILITY:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

REFERENCES:

NAME:	RELATION:	CONTACT INFO:	MAY WE CONTACT THEM?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

WORK HISTORY:

Please list your work experience for the past five (5) years, beginning with your most recent job held.

Name of Employer and Phone #:	Supervisor: NAME: TITLE:	Employment Dates: FROM: TO:	Pay or Salary: START: FINAL:
Reason for Leaving:	Your Last Job Title:		
List Major Job Responsibilities:			

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List Major Job Responsibilities:			

Did you complete this application yourself? YES NO

If no, who did? _____

Relation: _____

PLEASE READ CAREFULLY

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information that might have personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. I further understand that my employment with this company shall be probationary for a period (refer to Employee Handbook for probationary length), and further that at any time during the probationary period and thereafter, my employment relation with the company is terminable at will for any reason by either party.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

SIGNATURE

DATE