

PLEASE PRINT ALL
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APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Your last job title	Name of last supervisor	Employment dates	Pay or salary
Reason for leaving (be specific)			From To	Start Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If you answered Yes, please give a detail explanation:

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered Yes, please give a detail explanation:

May we contact your present employer? Yes No

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TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

List all schools or training related to trucking that you have attended:

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

The Immigration and Control Act of 1986 requires all persons hired for employment to submit documents which establish their identity and work authorization. Are you legally eligible to work in the U.S.? _____

READ AND SIGNED BY APPLICANT

This certifies that this application was signed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____	_____
(Date)	(Applicant's Signature)

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APPLICATION FOR EMPLOYMENT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance.

Signed: _____ Date: _____

I understand that I have provided the above information so that the company may determine whether I meet their safety and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for the federal regulations.

Signed: _____ Date: _____

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor-vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of the employer, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Employer with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature

Date