

DATE OF INTERVIEW: _____

DATE OF ROAD TEST: _____

APPLICATION FOR EMPLOYMENT**PRE-EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER****PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
PRESENT ADDRESS	CITY	STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 5 YEARS	CITY	STATE	ZIP
HOME PHONE NUMBER	CELLULAR NUMBER	REFERRED BY	TODAY'S DATE

EMPLOYMENT DESIRED

POSITION	START DATE	SALARY DESIRED
IF APPLYING FOR A DRIVER POSITION, # OF YEARS POSSESSING CDL?	PREVIOUS DUMP TRUCK EXPERIENCE' # OF YEARS?	
ARE YOU CURRENTLY EMPLOYED?	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? EXPLAIN IF ANSWER NO	
PREVIOUSLY WORKED, OR APPLIED AT TSC TRANSPORT?	WHEN?	

PREVIOUS EMPLOYMENT (LIST EMPLOYERS, STARTING LAST ONE FIRST)

DATE MM/YY	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION

HIGHEST LEVEL OF GRADE SCHOOL 1 2 3 4 5 6 7 8	HIGHEST LEVEL OF HIGH SCHOOL 9 10 11 12
HIGHEST LEVEL OF COLLEGE 1 2 3 4	TRADE SCHOOL YES NO
MILITARY BRANCH _____	YEARS OF SERVICE _____ HONORARY DISCHARGED' YES NO
LAST SCHOOL ATTENDED (NAME) _____	(CITY, STATE) _____
IS THIS WHERE YOU RECEIVED CDL? IF NOT, PLEASE LIST	
(NAME) _____	(CITY, STATE) _____

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR)

NAME	ADDRESS & PHONE	BUSINESS	YEARS ACQUAINTED
1)			
2)			
3)			

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	NO
Has any license, permit, or privilege ever been suspended or revoke?	YES	NO
Have you ever been convicted of a felony?	YES	NO

If answer "yes" to any of the questions above, please explain:

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorized investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature _____

Date _____