

# AMERIDRIVE DRIVING SCHOOL

## EMPLOYMENT APPLICATION

157 EAST MAIN STREET

ST. CLAIRSVILLE, OH 43950

1 - 800 - U - DRIVE - 2 (1 - 800 - 837 - 4832)

POSITION APPLYING FOR : Driver Education Instructor DATE \_\_\_\_\_

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES \_\_\_\_\_

YEAR FIRST DRIVER LICENSE ISSUED \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

NUMBER OF CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED? \_\_\_\_\_

IF SO, WHEN AND WHY WAS IT SUSPENDED OR REVOKED?

\_\_\_\_\_

ACCIDENTS OR TRAFFIC VIOLATIONS DURING LAST THREE YEARS AND APPROXIMATE DATES:

\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF SO WHERE AND WHEN? \_\_\_\_\_

DO YOU HAVE PROBLEMS WITH NIGHT DRIVING ? \_\_\_\_\_

WOULD YOU HAVE A PROBLEM SITTING IN A CAR FOR 6 HOURS A DAY? \_\_\_\_\_

WOULD YOU HAVE A PROBLEM TEACHING A CLASSROOM OF TEENAGERS? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ DATE AVAILABLE TO BEGIN TRAINING: \_\_\_\_\_

HOURS AVAILABLE TO WORK:

MON. \_\_\_\_\_ TUES. \_\_\_\_\_ WED. \_\_\_\_\_ THURS. \_\_\_\_\_ FRI. \_\_\_\_\_ SAT. \_\_\_\_\_

E-MAIL \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

COLLEGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

**EMPLOYMENT HISTORY**

1. **LAST OR PRESENT EMPLOYER** \_\_\_\_\_ DATES \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ MAY WE CONTACT \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

2. **PREVIOUS EMPLOYER** \_\_\_\_\_ DATES \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ MAY WE CONTACT \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

3. **PREVIOUS EMPLOYER** \_\_\_\_\_ DATES \_\_\_\_\_ TO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ MAY WE CONTACT \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ PHONE # \_\_\_\_\_

**REFERENCES:**

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ HOW LONG \_\_\_\_\_

APPLICANTS SHALL BE CECKED BY STATE AND REPORTING AGENCIES. ALL APPLICANTS MUST SUBMIT TO FINGERPRINTING AND RANDOM DRUG TESTING.

**AUTHORIZATION:** I CERTIFY THAT THE FACTS CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATON SHALL BE GROUNDS FOR TERMINATION.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_