



Employment Application

Print Name (as it appears on drivers license): _____

Address: _____	Position Desired: _____
City/State/Zip: _____	Salary Desired: _____
Phone: _____	Date Available: _____
Social Security# (for background check): _____	

Do you have a valid Drivers License? (Check all that apply)

- None
 Class-A
 Class-B
 Class-C
 Tank Endorsement
 HazMat Endorsement

Drivers License Number: _____ State of Issue: _____

Are You Currently Employed? Yes No

May we contact your current (if applicable) and previous employers? Yes No

If hired, would you have a reliable means of transportation to and from work? Yes No

If under 18, can you submit a work permit after employment? Yes No

If hired, can you provide documentation of your legal right to work in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants.)

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

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

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.)

Education	Name of School	City & State	Specialty or Major	Graduated
High School			General Studies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History (last three employers - start with most recent)

Employer Name: _____	From (Mo/Yr): _____	To (Mo/Yr): _____
Address: _____	Position Held: _____	
Phone#: _____	Salary: _____	
Contact: _____	Reason for Leaving: _____	
Employer Name: _____	From (Mo/Yr): _____	To (Mo/Yr): _____
Address: _____	Position Held: _____	
Phone#: _____	Salary: _____	
Contact: _____	Reason for Leaving: _____	
Employer Name: _____	From (Mo/Yr): _____	To (Mo/Yr): _____
Address: _____	Position Held: _____	
Phone#: _____	Salary: _____	
Contact: _____	Reason for Leaving: _____	

References (list two people not related to you who have knowledge of your past work performance)

Name	Address	Phone Number	Years Known

I have attached a recent copy (within 30 days) of my DMV driving record for the last 3 years (required when applying for jobs involving driving). Yes No

I will submit to a pre-employment drug and/or alcohol test, if offered a job (required). Yes No

By signing below, I certify that the answers given on this application are true and correct to the best of my knowledge:

Signature: _____ Date: _____