

DIRECT TRUCK SHOP, INC.

Direct Trailer Service - Direct Tire Service
5590 E. 55th Ave. - Commerce City, CO 80022
303-853-0933 - Fax 303-288-8404

EMPLOYMENT APPLICATION

Applications are held for 90 days. Applications are considered for position without regard to race, creed, color, sex, religion, age, disability, martial status, or national origin.

TODAY'S DATE:	_____		
NAME:	_____	PHONE:	_____
CURRENT ADDRESS:	_____	_____	_____
MAILING ADDRESS:	_____	_____	_____
PRIOR ADDRESS:	_____	_____	_____

Date of Birth:	_____	Social Security #:	_____				
Driver's License #:	_____	Class:	_____	State:	_____	Expiration:	_____
<i>If applicable a current MVR may be required.</i>							

Position you are applying for?	_____
What date can you start?	_____
Availability:	_____
Are you a U.S. Citizen or otherwise lawfully authorized to work in this country?	___YES___NO
Is there any reason you might be unable to perform the functions of the job for which you have applied?	___YES___NO, If YES, please explain: _____
Have you ever been convicted of a felony?	___YES___NO, If yes, When? _____
<i>A conviction record will not necessarily bar you from employment. Such factors as age and time of offense, seriousness, and nature of the violation will be taken into account.</i>	
Have you been convicted for a DUI or DWAI within the past five years?	___YES___NO
Have you ever had you driver's license suspended or revoked?	___YES___NO
Have you had any traffic violations or accidents in the past five years?	___YES___NO
If yes, please list:	_____

MOST RECENT EMPLOYER

Are you currently working for this employer? YES NO, If yes, may we contact? YES NO

Company: _____ Supervisor: _____ Phone: _____

Address: _____

Dates Employed: _____ Job Title: _____

Duties: _____

Wage: _____ Reason for Leaving: _____

SECOND MOST RECENT EMPLOYER

Company: _____ Supervisor: _____ Phone: _____

Address: _____

Dates Employed: _____ Job Title: _____

Duties: _____

Wage: _____ Reason for Leaving: _____

THIRD MOST RECENT EMPLOYER

Company: _____ Supervisor: _____ Phone: _____

Address: _____

Dates Employed: _____ Job Title: _____

Duties: _____

Wage: _____ Reason for Leaving: _____

FOURTH MOST RECENT EMPLOYER

Company: _____ Supervisor: _____ Phone: _____

Address: _____

Dates Employed: _____ Job Title: _____

Duties: _____

Wage: _____ Reason for Leaving: _____

Please account for all time, even if unemployed please include and describe:

REFERENCES

Name: _____ Address/Phone: _____ Years Known: _____

Name: _____ Address/Phone: _____ Years Known: _____

Name: _____ Address/Phone: _____ Years Known: _____

EDUCATION

Name	City/State	Graduated	Degree
High School _____			
College _____			
Other _____			

IN CASE OF EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I hereby acknowledge that prior to submitting this application, I have been informed that the information provided herein may be used to contact current and previous employers, references, or any other individuals this Company considers necessary.

I hereby authorize my current and previous employers, references, and any other individuals contacted by this Company to release any past or present information request, including, but not limited to past drug and alcohol test results, and I release all providers of said information from any liability stemming from release of same information.

I understand that any false, misleading, or incomplete answers or statements shall be considered sufficient cause for denial or termination of employment and/or authorization to drive.

I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between this Company and myself, for employment, authorization to drive, or providing any benefit. No promises regarding employment have been made to me, and no such promise exists unless specifically made by this Company in writing. If an employment relationship is established, I understand that, as an employee at will, I have the right to terminate my employment at any time, and this Company has the same right.

Additional testing for job-related skills and for the presence of drugs in your body may be required prior to 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, and that I have read, understand, and accept the above conditions and policies.

Signature_____
Date_____
Print Name

Company Name: Direct Truck Shop, Inc. 5590 E. 55th Ave. Commerce City, CO 80022

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous dug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.483, 394.25, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicants Signature

Date

Print Name

Social Security Number

INQUIRY TO PAST EMPLOYERS

TO: _____ **DATE:** _____

FROM: Direct Truck Shop, Inc., 5590 E. 55th Ave., Commerce City, CO 80022

Personnel Manager:

The person named below has applied to this company for employment. Your firm is listed by the applicant as a past employer. Will you kindly reply to this inquiry regarding this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against the company (and its agents) for information submitted in response to this inquiry.

Thank you.
Nicole Adinolfe

Name of Applicant: _____ Social Security No.: _____

Job Applied For: _____

This applicant lists dates of employment with your firm from: _____ to: _____

Is this correct? YES NO

If no, please explain: _____

What was the applicant's job title: _____

Applicant's duties/responsibilities: _____

To your knowledge, was this person Driver's License suspended/revoked while in your employment?

YES NO If yes, please explain: _____

Number of Accidents: _____ No. of Accidents in which applicant was ticketed: _____

Dates of Accidents: _____

Did applicant pose either repeated and/or severe disciplinary problems? ___ If yes please attach notes

Why did the employee leave your company? Resigned, Discharged, Laid Off, Other _____

Would you re-hire this person? Yes No Please Explain: _____

Has this person tested positive or refused a controlled substance or alcohol test? YES NO

If yes, please list dates: _____

By: _____ Date: _____

Signature of person supplying information

Detach here for your files

(Former Employer)

(Date)

I, _____, hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness to each and every company (or authorized agents) which may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing the above-mentioned information to the above mentioned person.

(Applicant's Signature)

(Witness's Signature)