



## EMPLOYMENT APPLICATION

Date of Application:	Date available to start:
Position applied for:	

### APPLICANT INFORMATION

NAME (First, Middle, Last):	Home phone:
Current Address:	Cell phone:
City, State, Zip Code:	Email address:
How long have you been at this address:	Are you legally authorized to work in the U.S.? <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> YES      <input type="checkbox"/> NO         </div>

### EDUCATION

Name & location of school	Years attended	Did you graduate?	Area of study and degrees acquired
High school:		<input type="checkbox"/> YES  <input type="checkbox"/> NO	
College:		<input type="checkbox"/> YES  <input type="checkbox"/> NO	
Other:		<input type="checkbox"/> YES  <input type="checkbox"/> NO	



**EMPLOYMENT EXPERIENCE for the past three (3) years.**

**ATTENTION: If you hold a CDL, you must provide COMMERCIAL DRIVING EXPERIENCE for the past 10 years (Attach additional sheet if more space is needed)**

<b>Current/Last Employer</b>		<b>May we contact this employer?</b>		<b>YES</b>	<b>NO</b>
Company name:		Position:			
Reason for leaving:		Dates employed:			
City/State/Zip Code		Salary:			
		Company phone #:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?			
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?			

<b>Previous Employer</b>		<b>May we contact this employer?</b>		<b>YES</b>	<b>NO</b>
Company name:		Position:			
Reason for leaving:		Dates employed:			
City/State/Zip Code		Salary:			
		Company phone #:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?			
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?			

<b>Previous Employer</b>		<b>May we contact this employer?</b>		<b>YES</b>	<b>NO</b>
Company name:		Position:			
Reason for leaving:		Dates employed:			
City/State/Zip Code		Salary:			
		Company phone #:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was this position subject to Federal Motor Carrier Safety Regulations (FMCSR)?			
<input type="checkbox"/> Y	<input type="checkbox"/> N	Was this position subject to alcohol/controlled substances testing requirements under 49 CFR, Part 40?			





## **CERTIFICATIONS AND ACKNOWLEDGMENTS**

*Please read each statement closely and initial each on the line next to the title, acknowledging your understanding. If clarification is needed, please contact Human Resources.*

\_\_\_\_\_ **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

\_\_\_\_\_ **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

\_\_\_\_\_ **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

\_\_\_\_\_ **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ **At-Will Employment**

Employment Application



I understand and agree that if I am employed, my employment will be “at-will”, which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company’s president.

\_\_\_\_\_ **Testing Authorization**

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

\_\_\_\_\_ **Background Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include interviews with past employers, workers and friends. Said investigation may include credit, driving, criminal background, references and other background checks. As a condition of applying for this job, I authorize reasonable post-hire investigations into my credit, driving and criminal background.

\_\_\_\_\_ **Company Obligation**

I understand and agree that the Company’s acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

**TO BE READ AND SIGNED BY APPLICANT**

*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.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date