

**APPLICATION FOR EMPLOYMENT  
AND  
PERSONNEL RECORD FOLDER**

Applicant: Read and sign before submitting this application:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. I understand that the information on this application will be used and that prior employees will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Safety Regulations.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
POSITION APPLYING FOR

(PLEASE PRINT)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ (Only applicable for drivers)

Driver's License Information: State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Are you able to provide your own transportation to and from our job sites? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Are you on a lay-off? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of a felony within the last 7 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

**PHYSICAL HISTORY**

Do you have now, or have you had in the past, any physical or mental condition, injury, illness or disability that would limit your ability to perform the work for which you are applying? If any, explain fully \_\_\_\_\_

\_\_\_\_\_  
Date of last D.O. T. physical examination \_\_\_\_\_ (Drivers only)

**AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include Military Service. Exclude organization names which indicate race, color, religion, sex or national origin. DRIVERS: D.O.T. requires that employment for at least the last 3 years be shown.

LAST/PRESENT EMPLOYER: NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

FOURTH LAST EMPLOYER: NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

(attach sheet if more space is needed)

## SPECIALIZED SKILLS AND QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM PAST EMPLOYMENT OR OTHER EXPERIENCE

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## EDUCATION

### ELEMENTARY

SCHOOL NAME \_\_\_\_\_ GRADE COMPLETED 1 2 3 4 5 6 7 8 GRADUATE \_\_\_\_\_

### HIGH SCHOOL

SCHOOL NAME \_\_\_\_\_ GRADE COMPLETED 9 10 11 12 GRADUATE \_\_\_\_\_

### COLLEGE/UNIVERSITY

SCHOOL NAME \_\_\_\_\_ YEARS COMPLETED 1 2 3 4 GRADUATE \_\_\_\_\_

### GRADUATE/ PROFESSIONAL

SCHOOL NAME \_\_\_\_\_ YEARS COMPLETED 1 2 3 4 GRADUATE \_\_\_\_\_

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIPS, AND/OR EXTRA-CURRICULAR ACTIVITIES \_\_\_\_\_

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**DRIVER - EXPERIENCE AND QUALIFICATIONS**

DRIVER LICENSES	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
ANY HELD IN PAST				
THREE YEARS MUST				
BE SHOWN.				

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Bonding Company \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle ? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulations ? \_\_\_\_\_

If Yes to any of the above, Please explain \_\_\_\_\_

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**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC.	DATES FROM	TO	MILES APPROX. TOTAL
STRAIGHT TRUCK				
TRACTOR & TRAILER				
DUMP TRUCK &/OR TRAILER				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

LIST SAFE DRIVING AWARDS (IF ANY) AND FROM WHOM \_\_\_\_\_

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**ACCIDENT REVIEW FOR PAST 3 YEARS**

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

(Attach sheet if more space is needed)



**TRAFFIC CONVICTIONS FOR THE PAST 3 YEARS**

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed. Do not include parking violations)

**EMERGENCY INFORMATION**

Notify \_\_\_\_\_ Notify \_\_\_\_\_  
or  
Tel. # \_\_\_\_\_ Tell. # \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

It is agreed and understood that this application for employment in no way obligates the employer to employ me. It is also agreed and understood that if hired my first sixty days of employment will be on a probationary period during which time I may be discharged without recourse.

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations of information given herein shall be considered an act of dishonesty and be grounds for dismissal.

I authorize investigation of all statements contained in this application. I release all past and present employers and persons named herein from all liability for any damages on account of his furnishing such information. It is understood that this application is in no way a contract of employment. In the event of employment, I understand that I am required to abide by all rules and regulations of the Company.

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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

**VOLUNTARY SURVEY**

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name
Address
City State Zip
Social Security No.

✓ Complete Only The Sections Below That Have Been Checked	
Current Job	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check One Of The Following: (Ethnic Origin)	
<input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
Check If Any Of The Following Are Applicable	
<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual	
Birthdate	