

To applicant: We appreciate your interest in our company and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible upgrading.  
(PLEASE PRINT CLEARLY)

	YOUR COMPLETE	NAME	YOUR SOCIAL SECURITY NO.	PHONE NO. WHERE YOU CAN BE REACHED
<b>GENERAL INFORMATION</b>	ADDRESS: NUMBER	STREET	CITY	STATE ZIP
	List Additional Addresses that you have lived in the last 3 years.			
	_____			
	_____			
	Position(s) sought _____ Rate of pay expected _____			
	<b>Please note that we are a drug free workplace employer; are you willing to be drug tested at any time?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you previously employed by us? _____ If yes, when? _____				
Have you applied for work with us before? _____ If yes, when? _____				
Name any friends or relatives working for us? _____				
<b>MILITARY RECORD</b>	Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____			
	Date of duty: From _____ To _____ Rank at discharge _____ Month Day Year Month Day Year			
	List duties in the service including special training plus awards _____			
	Have you taken any training under the G.I. Bill of rights? _____ If yes, what training did you take? _____			
<b>PERSONAL</b>	<input type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Have you been convicted of a crime in the past ten years? _____ If yes, describe _____ (Conviction will not necessarily disqualify you for consideration for employment)			
	<input type="checkbox"/> Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> On employment, can you submit verification of your legal right to work, if you are not a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			

	School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
				5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>RECORD OF EDUCATION</b>	Elementary								
	High			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Training or Trade School			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any other experience, skills, or qualification which you feel would especially fit you for work with our organization?

**\* Equal Employment Non-Discrimination Policy:**

All qualified applicants will receive consideration for employment without regard to race, creed, color, sex, marital status, age, national original, religion or non-disqualifying disability. In addition, we are prepared to make reasonable job accommodations for disabled applicants or employees upon request. We also encourage the application of Vietnam veterans or all veterans in general.

Inquiries concerning the application of our policy preventing discrimination in employment or advancement may be addressed to the company.

**\*Retention of Application**

This application will be considered active for a period of one year, and thereafter one must reapply for further consideration.

List below present and/or past employment, and complete fully, beginning with your most recent employer. Past Ten years Mandatory -- Circle those who you do not wish us to contact. (Use additional paper if necessary)

	Name and Complete Address of Company	From		To		Describe the work you did	Company Phone No.	Average Weekly Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.					
I	Company Street City State Zip									
II	Company Street City State Zip									
III	Company Street City State Zip									
IV	Company Street City State Zip									
V	Company Street City State Zip									
VI	Company Street City State Zip									

**COMMERCIAL DRIVING QUALIFICATIONS**

(Commercial or Company Vehicle Driver Applicants Only Complete This Section)

LIST ALL DRIVERS LICENSES YOU HAVE HAD OR NOW HOLD	STATE	LICENSE NO.	IF A CDL, STATE CDL TYPE & ENDORSEMENTS	EXPIRATION DATE

Number of times your CDL (Commercial Driver's License) or operator's license has been refused, revoked or suspended \_\_\_\_\_ Why (in each case)? \_\_\_\_\_

Driving school trained?  Yes  No Years driving experience \_\_\_\_\_ Straight Truck . . . . . yrs. \_\_\_\_\_ Tractor Trailer . . . . . yrs. \_\_\_\_\_

Number of times you have been disqualified as a commercial driver Why? each case: \_\_\_\_\_

Have you tested positive or refused a pre-employment test for commercial driving position within the past 3 years? [ ] Yes [ ] No. (this includes any result that was used to deny you employment)

**LIST ALL VEHICLE ACCIDENTS INVOLVED IN DURING THE PAST THREE YEARS. (Use Additional Application or Paper if Necessary)**

Type of Accident (what happened)	Date	Any Injury or Fatalities

**LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) IN THE LAST THREE YEARS.**


Do we have permission to obtain your MVR (Motor Vehicle Drivers Record)?  Yes  No  
 If yes, what is your date of birth? \_\_\_/\_\_\_/\_\_\_ (Only answer if applying for a CMV position)

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

I have read and/or had explained to me the nature of the job or position. [ ] Yes [ ] No.

Are you capable of performing with or without accommodations, the essential functions of the job or occupation for which you have applied? [ ] Yes [ ] No

Explain why you feel you are qualified for the job? \_\_\_\_\_

Are you currently employed?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_  
Date

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

**Agreement**

On entering the employ of \_\_\_\_\_ I agree to observe all the rules of my employer and governmental regulations which may apply to my duties. I understand that any continuation of my employment shall depend upon satisfactory replies on any background check and from my references, acceptance by the bonding company and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so at any time. I understand that no representative of \_\_\_\_\_, other than the President of the Company, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by the President of the Company.

I hereby acknowledge that \_\_\_\_\_ or its agents may wish to conduct a complete investigation of my background and suitability to provide services to \_\_\_\_\_ as an Employee. I hereby consent to and authorize the release to \_\_\_\_\_ or its agents of any and all information in the possession of any police department or other law enforcement agency, department of motor vehicles, any other state or federal agency, any personnel representing any school which I have attended, any past or present employer, any bank or other financial institution, or any credit bureau or other credit reporting agency. My signature appearing hereon should be accepted by any of the above described persons or entities as my request to disclose information in their possession to \_\_\_\_\_ or its agents. I hereby release from any and all liability \_\_\_\_\_ and its agents including any persons or entities described above which either gathers or releases information pursuant to this consent and authorization.

I further consent to any testing or examination as may be required by \_\_\_\_\_ including but not limited to drug and/or alcohol testing.

I further consent to searches of any areas of company premises including but not limited to lockers, lunch boxes, brief cases, parking lots, truck or other vehicles.

I certify that the information provided herein is true and complete to the best of my knowledge and belief. I understand and agree that providing false, incomplete, or misleading information will be grounds for a decision not to employ me or to terminate my employment immediately without liability for doing so.

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

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT Please tear off

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect our consideration for employment.

If you wish to be identified, please check one of the following:

- Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

VIETNAM VET\*  
\*APPLICABLE DATES OF  
AUGUST 1964 TO MAY 1975

OVER - IF HIRED -- YOU MUST COMPLETE THE REVERSE

## IN CASE OF EMERGENCY NOTIFY

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_  
 No. Street City State Zip

## GENERAL SAFETY INSTRUCTIONS

1. I specifically agree not to drink, or be under the influence of alcohol, take or use or be under the influence of illegal (not medically prescribed) drugs during working hours.
2. During the term or course of my employment, I agree to be tested using legally adopted methods for detecting drug or alcohol abuse. Reasons for testing can include promotions, position or job in company, accidents, suspicious behavior, or to meet government requirements and any test can be administered either by selecting you randomly or by specific appointment(s) made by the company for you. I further understand that when randomly selected for testing it is for non-suspicious behavior and such procedure is required to meet government regulations or to preserve the integrity of the company's drug-free work-place program.
3. I understand I will be prosecuted for any criminal conduct I may be involved in if it occurs at work.
4. I understand I am required to wear seatbelts when operating any vehicles or equipment.

### SAFE WORK PRACTICES:

1. If you do not understand how to do the job safely -- before starting work -- ask your foreman for instructions.
2. You must wear personal protective equipment, uniforms, hard toe shoes (no tennis shoes), that the job requires.
3. You must be aware of fellow employees and observe practices that will not result in their injury.
4. You must not use abusive language, cause fighting or any horseplay on the job. Provoking fights, fighting, sexual harassment and abusive language to others are causes for immediate dismissal.
5. You shall keep your mind on the job at hand -- "day dreaming" causes accidents.
6. **You must report any accident or injury to your foreman immediately.**

### TOOLS AND EQUIPMENT:

1. Personal tools such as hammers and chisels, etc. shall be kept well dressed to prevent injury from flying particles.
2. Company-owned tools shall be kept in good condition. Report any deficiency to your foreman, such as dull blades, missing or broken guards, frayed wiring, defective ladders, etc.
3. Use the proper tool for the job.
4. All electrical tools shall be properly grounded. All power tools must be used in accordance with safe practices and shall be manufactured as specified in the Federal Standards whether personally owned or company owned.
5. Use tools and equipment in the proper manner. Ask foremen for instructions if you are not sure. Do not risk injury to yourself or others by improper use of tools.

### MACHINERY AND VEHICLES:

1. Do not operate machinery, equipment or vehicles without permission from your supervisor.
2. Do not start equipment, operate valves, or electrical switches until you make sure it is safe to do so and all lock-out/tag-out procedures have been followed.
3. Do not repair or adjust machinery while it is in operation. Only specially trained mechanics shall make adjustments or repairs that require the machine to be in operation. Consult your foreman if these adjustments are necessary. Follow all Lock-Out/Tag-Out safety rules.
4. Never work under machinery or equipment supported by jacks or chain hoists without protective blocking.
5. Do not operate machinery or equipment unless you are trained and qualified. Observe all safe practices and rules while operating machinery or equipment.
6. You are not allowed to work on personal equipment, tools, or vehicles on company property, on duty or off duty.
7. Personal use of company vehicles is at the company's discretion. Unauthorized use and/or use when under any influence of alcohol or any illegal drugs is prohibited.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Job	<b>NOTES ON EMPLOYEE REFERENCE CHECKS</b>

DATE	INTERVIEWED BY	JOB CLASSIFICATION
APPROVED BY	DATE EMPLOYED	DEPT. RATE \$