



## Application for Employment

Qualified 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.

### Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_  
State Exp. Date

Military Status: \_\_\_\_\_

Have you been convicted of a criminal offense, including all traffic violations within the last 10 years? \_\_\_\_\_

If you are not a citizen of the United States, please indicate your authorization to be employed:

\_\_\_\_\_



**Employment Desired:**

Position you are seeking? \_\_\_\_\_

Are you seeking full or part-time employment? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

Available start date: \_\_\_\_\_

Pay desired: \_\_\_\_\_

Please list any skills, experience, or qualifications related to the position you are applying for:  
(Mechanical, leadership, gas or diesel experience CDL license, etc.)

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Do you have any physical limitations that may hinder your performance in the position applied for? \_\_\_\_\_

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**Previous/Current Employment:**

Date, Month, Year	Name & Address of Employer	Salary	Position/ Responsibilities	Reason for Leaving
From: To:				
From: To:				
From: To:				

May we contact your previous employer?      Yes      No

**Education History:**

Level	Name & Location of School	Subject Studied	# of Years Attended	Graduation Date	Degree Obtained
High School					
College					
Trade, Business, Professional School					



**Personal References:**

Please list three persons not related to you, whom you have known for at least one year:

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relationship/Years Known</b>
1.			
2.			
3.			

**In case of emergency, who should we notify?**

Name: \_\_\_\_\_  
Last First

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State Zip

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_