

EMPLOYMENT APPLICATION

	IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPO ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLO MARITAL STATUS, VETERAN STATUS, NON-JOB RELATED DISABILITY, OR	DR, RELIGION, SEX, NATIONAL ORIGIN, AGE,					
TO BE READ AND SIGNED BY APPLICANT							
	I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THIS EMPLOYMENT APPLICATION. IT IS AGREED AND UNDERSTOOD THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE THE APPLICANT'S BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO APPLICANT'S RECORD, WHETHER SAME IS OF RECORD OR NOT, AND APPLICANT RELEASES EMPLOYERS AND OTHER PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION. I UNDERSTAND THAT, AS AN APPLICANT FOR A POSITION WITH THIS COMPANY, I MAY BE ASKED TO DEMONSTRATE THAT I AM CAPABLE OF PERFORMING TASKS THAT ARE PERTINENT TO THE JOB.						
	AGREE TO FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.						
	I ALSO UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION OR FACTS MAY RESULT IN MY REJECTION OR DISMISSAL.						
	IF HIRED, I AGREE TO ABIDE BY ALL THE RULES AND POLICIES OF THE EMPLOYER.						
This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of My knowledge.							
APPLICANT SIGNATURE PRINTED NAME DATE							
FOR COMPANY USE - DO NOT WRITE IN THIS SPACE							
APPLICANT HIRED: YES NO IF NO REASON:							
DATE OF HIRE POSITION/DEPARTMENT PAY RATE							
SIGNATURE OF INTERVIEWER OR SUPERVISOR							

APPLICANT NAME ______ DATE OF APPLICATION _____

APPLICANT TO COMPLETE (ANSWER ALL QUESTIONS COMPLETELY, PLEASE PRINT)

PERSONAL INFORMATION							
DATE OF APPLICATION	APPLY	Position ving For		RATE OF PAY EXPECTED?			
FULL NAME:							
LAST		FIRST	M.I.				
PHONE NUMBER:		EMAIL ADDRESS					
DATE OF LAST TETANUS	S VACCINE	IF VACCINE IS NOT CU 30 DAYS OF EMPLOYI	JRRENT, ARE YOU WILLING TO B MENT? YES NO	E VACCINATED WITHIN THE FIRST			
DO YOU HAVE THE LEGA	AL RIGHT TO WORK IN THE ${\sf U}$	NITED STATES? YES NO	ARE YOU OVER THE A	AGE OF 18? YES NO			
ARE YOU CURRENTLY E	MPLOYED? YES NO	* Have you ever be	EN CONVICTED OF A FELONY?	YES NO			
* IF YES PLEASE EXPLAIN FULL	Y ON A SEPARATE SHEET OF PAPER	R. CONVICTION OF A CRIME IS NOT AN AUTO	OMATIC BAR FROM EMPLOYMENT-ALL CII	RCUMSTANCES WILL BE CONSIDERED.			
CURRENT ADDRESS:							
OURCENT ADDRESS.	STREET ADDRESS			APARTMENT/UNIT#			
	CITY		STATE	ZIP CODE			
Previous Addresses							
(3 YEARS)	STREET ADDRESS	Сіт	Y STATE	ZIP CODE			
	STREET ADDRESS	Сіт	Y STATE	ZIP CODE			
	STREET ADDRESS	Сіт	Y STATE	ZIP CODE			
		(USE BACKSIDE FOR SHE	ET FOR ADDITIONAL ADDRESSE	s)			
		EDUCATION	I				
PLEASE CIRCLE HIGHEST GRADE COMPLETED: GRADE SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12							
		College: 1 2 3 4 P	OST GRADUATE: 1 2 3 4				
LAST SCHOOL ATTENDE	D:						
	FX	(PERIENCE & QUALI	FICATIONS				
Have you ever served in the U.S. Armed Forces? YES NO IF YES, which branch of service?							
HAVE YOU EVER SERVE	D IN THE U.S. ARMED FORC	CES? YES NO IF YES	i, WHICH BRANCH OF SERVICE?				
DESCRIBE ANY MILITAR	RY TRAINING RECEIVED RELE	EVANT TO THE POSITION FOR WHI	CH YOU ARE APPLYING.				
ARE YOU CURRENTLY S	ERVING IN THE MILITARY RE	ESERVES OR NATIONAL GUARD?	YES NO				
LIST ANY OTHER SPECIA	AL SKILLS						

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITHIN THE LAST 3 YEARS

EMPLOYER	PERIOD OF EMPLOYMENT	POSITION				
	то					
EMPLOYER ADDRESS	TELEPHONE	SUPERVISOR				
BRIEF DESCRIPTION OF DUTIES:						
REASON FOR LEAVING:						
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD? YES NO						
WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD? YES NO						
EMPLOYER	PERIOD OF EMPLOYMENT	POSITION				
	ТО					
EMPLOYER ADDRESS	TELEPHONE	SUPERVISOR				
BRIEF DESCRIPTION OF DUTIES:						
REASON FOR LEAVING:						
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGU	ULATIONS DURING THIS PERIOD?	YES NO				
WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE &	ALCOHOL TESTING DURING THIS PERIOD?	YES NO				
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EMPLOYER ADDRESS	TELEPHONE	SUPERVISOR				
BRIEF DESCRIPTION OF DUTIES:						
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WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGU	ULATIONS DURING THIS PERIOD?	YES NO				
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	ТО					
EMPLOYER ADDRESS	TELEPHONE	SUPERVISOR				
BRIEF DESCRIPTION OF DUTIES:						
REASON FOR LEAVING:						
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD? YES NO						
WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE & ALCOHOL TESTING DURING THIS PERIOD? YES NO						

PLEASE LIST ANY ADDITIONAL EMPLOYERS ON A SEPARATE SHEET OF PAPER. THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49CFR391.21)
REQUIRE THAT ALL APPLICANTS WISHING TO DRIVE A COMMERCIAL VEHICLE LIST ALL EMPLOYMENT FOR THE LAST 3 YEARS.