



# APPLICANT TO COMPLETE

(ANSWER ALL QUESTIONS COMPLETELY, PLEASE PRINT)

## PERSONAL INFORMATION

DATE OF APPLICATION \_\_\_\_\_ POSITION APPLYING FOR \_\_\_\_\_ RATE OF PAY EXPECTED? \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
LAST FIRST M.I.

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DATE OF LAST TETANUS VACCINE \_\_\_\_\_ IF VACCINE IS NOT CURRENT, ARE YOU WILLING TO BE VACCINATED WITHIN THE FIRST 30 DAYS OF EMPLOYMENT? YES NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO ARE YOU OVER THE AGE OF 18? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO \* HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

\* IF YES PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT-ALL CIRCUMSTANCES WILL BE CONSIDERED.

CURRENT ADDRESS: \_\_\_\_\_  
STREET ADDRESS APARTMENT/UNIT #  
CITY STATE ZIP CODE

PREVIOUS ADDRESSES (3 YEARS)  
STREET ADDRESS CITY STATE ZIP CODE  
STREET ADDRESS CITY STATE ZIP CODE  
STREET ADDRESS CITY STATE ZIP CODE  
(USE BACKSIDE FOR SHEET FOR ADDITIONAL ADDRESSES)

## EDUCATION

PLEASE CIRCLE HIGHEST GRADE COMPLETED: GRADE SCHOOL: 1 2 3 4 5 6 7 8 9 10 11 12

COLLEGE: 1 2 3 4 POST GRADUATE: 1 2 3 4

LAST SCHOOL ATTENDED: \_\_\_\_\_

PLEASE LIST ANY RELEVANT EDUCATION: \_\_\_\_\_

## EXPERIENCE & QUALIFICATIONS

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO IF YES, WHICH BRANCH OF SERVICE? \_\_\_\_\_

DESCRIBE ANY MILITARY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.

ARE YOU CURRENTLY SERVING IN THE MILITARY RESERVES OR NATIONAL GUARD? YES NO

LIST ANY OTHER SPECIAL SKILLS \_\_\_\_\_

## EMPLOYMENT HISTORY

### LIST ALL EMPLOYERS WITHIN THE LAST 3 YEARS

<i>EMPLOYER</i>	<i>PERIOD OF EMPLOYMENT</i> <i>TO</i>	<i>POSITION</i>
<i>EMPLOYER ADDRESS</i>	<i>TELEPHONE</i>	<i>SUPERVISOR</i>
<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?    ___ YES    ___ NO</i>		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE &amp; ALCOHOL TESTING DURING THIS PERIOD?    ___ YES    ___ NO</i>		

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<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?    ___ YES    ___ NO</i>		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE &amp; ALCOHOL TESTING DURING THIS PERIOD?    ___ YES    ___ NO</i>		

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<i>EMPLOYER ADDRESS</i>	<i>TELEPHONE</i>	<i>SUPERVISOR</i>
<i>BRIEF DESCRIPTION OF DUTIES:</i>		
<i>REASON FOR LEAVING:</i>		
<i>WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS DURING THIS PERIOD?    ___ YES    ___ NO</i>		
<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE &amp; ALCOHOL TESTING DURING THIS PERIOD?    ___ YES    ___ NO</i>		

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<i>WERE YOU SUBJECT TO 49 CFR PART 40 CONTROLLED SUBSTANCE &amp; ALCOHOL TESTING DURING THIS PERIOD?    ___ YES    ___ NO</i>		

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.*