



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
Active for Thirty (30) Days Only

ALL statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital of veterans' status, sex, national origin, disability, or any other legally protected status.

Position Applying For:	
Date of Application:	Referred By:
Full Name (Print):	
Phone Number:	Email:

Current Residence Information

Street:	City:
County:	State:
Zip Code:	How Long:

List previous addresses within the United States if address changed during the past 5 years

No.	Street	City	State	Zip Code	How Long?

Have you filled out an application with us before?	Yes:	No:
If yes, give date:		
Have you ever worked for our company before?	Yes:	No:
May we obtain reports to review your credit history, if applicable to the position?	Yes:	No:
May we obtain reports to check your criminal record (if any)?	Yes:	No:
May we obtain reports to check your driver's record?	Yes:	No:
May we contact your present or former employers?	Yes:	No:
Are you over the age of 18?	Yes:	No:

Do you have a currently valid driver's license?	Yes:	No:
Have you ever held a position of trust? (handling money or confidential material)	Yes:	No:
Have you ever been bonded?	Yes:	No:
Have you ever been refused a bond?	Yes:	No:
If yes, state reason and date:		
Within the past ten (10) years, have you ever been convicted of DUI, DWI, careless or reckless driving, or driving while impaired?	Yes:	No:
If yes, state citation, date, court, and place where each offense occurred:		
Within the past ten (10) years, have you ever been convicted of a crime except a minor traffic violation?	Yes:	No:
If yes, state citation, date, court, and place where each offense occurred:		
Within the past ten (10) years, has your driver's license ever been suspended or revoked?	Yes:	No:
If yes, state citation, date, court, and place where each offense occurred:		
Have you ever been discharged or requested to resign from a position?	Yes:	No:
If yes, state date(s) and describe circumstances:		
Are you employed now?	Yes:	No:
If yes, tell us why you desire to make a change:		

On what date are you available for work?	Date:	
Are you available to work:	Full-Time:	Part-Time:
Do you have the legal right to work in the United States?	Yes:	No:
If not, why?		

EDUCATION

Level	Name of School	Courses Majored In	Last year finished				Graduate?
			9	10	11	12	
High School							
College			1	2	3	4	
Other							

PRIOR WORK RECORD

(Start with most recent or present employer and complete in full)

1. Name and Address of Most Recent Employer:		Telephone Number:	
Immediate Supervisor (Name and Position):		Date Hired:	Starting Rate:
Job Title & Duties:		Date Left:	Last Rate:
Reason for Leaving:		May we contact this employer? (Circle)	Yes / No

2. Name and Address of Employer:		Telephone Number:	
Immediate Supervisor (Name and Position):		Date Hired:	Starting Rate:
Job Title & Duties:		Date Left:	Last Rate:
Reason for Leaving:		May we contact this employer? (Circle)	Yes / No

3. Name and Address of Employer:		Telephone Number:	
Immediate Supervisor (Name and Position):		Date Hired:	Starting Rate:
Job Title & Duties:		Date Left:	Last Rate:
Reason for Leaving:		May we contact this employer? (Circle)	Yes / No

Please provide any additional information such as special skills, training, automotive experience, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

PROFESSIONAL REFERENCES
(Do not list relatives)

Name:	Email:	Telephone:
Name:	Email:	Telephone:
Name:	Email:	Telephone:

JOB APPLICANTS AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, criminal record, driving record, credit history, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

In processing this employment application, our company may request that an investigative report be prepared. This report may include information as to my character, general reputation, credit history, driving record, criminal record, and previous employment record. I understand that I have the right to request that the company completely and accurately disclose to me the nature and scope of such an investigation, if I make request to the company's Human Resources Department within a reasonable time after completing this application.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that my employment would be at will – either I or the company would have the right to terminate my employment without prior notice at any time either with or without cause.

I understand that prior to being offered employment with the company I may be requested to take an examination. In the event I have a disability which will affect my ability to take the test, I will so inform the company prior to the administrator of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The company reserves the right to require medical documentation concerning the need for the accommodation. I further understand that if an offer of employment is tentatively made to me, it is conditioned upon my successful completion of a medical examination.

I understand that if employed, policies and rules which are issued are not contracts of employment and that the company retains the sole discretion to adopt, rescind, revise, or modify employee benefits, policies or procures, in whole or in part, at any time without prior notice.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

Signature of Applicant: _____ Date: ____/____/____