

# APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE OR NATIONAL ORIGIN.

NAME OF CARRIER	ADDRESS	DATE
<b>PERSONAL DESCRIPTION</b>		
Full Name _____	Social Security No. _____	
Last                      First                      Middle Initial		
Date of Birth _____	Address _____	City _____ State _____ Zip _____
Street		
Phone No. (     ) _____	Name of Spouse _____	
In Case of Emergency Notify _____	At _____	Phone (     ) _____
Address _____		
Street	City	State      Zip
Last 3 _____		
Street	City	State      Zip
Years _____		
Street	City	State      Zip

<b>PHYSICAL HISTORY</b>				
Date of Last Physical _____	Doctors Name _____			
Phone No. (     ) _____	Address _____	City _____	State _____	Zip _____
	Street			
List any Physical Limitations (Diabetes, Heart Disease, Eye Sight, Limb Impairment, etc.) _____				

EXPERIENCE AND QUALIFICATIONS				
Valid Drivers License	State	License Number	Type	Expiration Date

Have you ever been denied a Permit, License or Privilege to operate a motor vehicle? \_\_\_\_\_

Has your License Permit or privilege been suspended or revoked? \_\_\_\_\_ If Yes explain \_\_\_\_\_

Have you been convicted of driving under the influence of alcohol or drugs? \_\_\_\_\_ Penalty \_\_\_\_\_

Have You Ever Been Convicted of a Crime? \_\_\_\_\_ Explain \_\_\_\_\_

DRIVING EXPERIENCE			
Power Equipment	Type of Equipment	Number of Years	States you have driven in
Straight Truck			
Tractor Trailer	Power Unit:      Trailer:		
Bus	School:      Coach:		
Other			

## ACCIDENT RECORD LAST THREE YEARS

Date	Nature of accident (overturn, jackknife, rear end, etc.)	No. of Fatalities	No. of Injuries	Commercial Vehicle	Personal Automobile

[illegible]

## EMPLOYMENT HISTORY

Have you worked for this Company before \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_  
from to

Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

EMPLOYMENT HISTORY FOR PAST 10 YEARS (USE SEPARATE SHEET IF NECESSARY)

Last Employer: Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Address \_\_\_\_\_

From       /      /       To       /      /       mo/day/yr

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

Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2nd Last Employer: Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Address \_\_\_\_\_

From       /      /       To       /      /      

mo/day/yr mo/day/yr

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3rd Last Employer: Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

From       /      /       To       /      /      

mo/day/yr mo/day/yr

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

Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

4th Last Employer: Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

From       /      /       To       /      /        
mo/day/yr mo/day/yr

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

Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

5th Last Employer: Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

From            /            /            To            /            /             
mo / day / yr mo / day / yr

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

Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## OFFICE USE ONLY

To be used in conjunction with inquiry to past employers

1st Employer Contacted \_\_\_\_\_ Date \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_ Results: \_\_\_\_\_

2nd Employer Contacted \_\_\_\_\_ Date \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_ Results: \_\_\_\_\_

3rd Employer Contacted \_\_\_\_\_ Date \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_ Results: \_\_\_\_\_

4th Employer Contacted \_\_\_\_\_  
Date \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_ Results: \_\_\_\_\_

5th Employer Contacted \_\_\_\_\_ Date \_\_\_\_\_ Name of Person Contacted \_\_\_\_\_ Results: \_\_\_\_\_



## EDUCATION

Please indicate last grade completed: Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Last School Attended \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Other Training \_\_\_\_\_

Are you now employed \_\_\_\_\_ When will you be available \_\_\_\_\_

Do you have full knowledge of Federal Safety Requirements \_\_\_\_\_

Are you prevented from lawful employment in this country because of immigration status \_\_\_\_\_

Have you served in the U.S. Armed Forces \_\_\_\_\_ Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Date Discharged or Released \_\_\_\_\_

\_\_\_\_\_ MUST BE READ AND SIGNED BY APPLICANT \_\_\_\_\_

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

## Employment Eligibility Verification

**NOTICE:** Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

### Section 1. Instructions to Employee/Preparer for completing this form

#### *Instructions for the employee.*

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete this form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth, and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

All employees must sign and date the form.

#### *Instructions for the preparer of the form, if not the employee.*

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

PLEASE COMPLETE THE BACK OF THIS FORM

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

## 1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number	City	State	ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- ☐ 1. A citizen or national of the United States.
- ☐ 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- ☐ 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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**PREPARER TRANSLATOR CERTIFICATION:** (To be completed if prepared by person other than the employee.) I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip Code

## 2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box. OR examine one document from List B and one from List C and check the appropriate boxes. Provide the **Document Identification Number** and **Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph  <b>Document Identification</b> # _____  <b>Expiration Date (if any)</b> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____  <b>Document Identification</b> # _____  <b>Expiration Date (if any)</b> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____  <b>Document Identification</b> # _____  <b>Expiration Date (if any)</b> _____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date