

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date: _____

NAME, LAST, FIRST, MI			PHONE #		
PRESENT ADDRESS		CITY	STATE	ZIP	
PERMANENT ADDRESS					
REFERRED BY	DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE COMPANY			<input type="checkbox"/> YES	<input type="checkbox"/> NO

Employment Desired

POSITION			SALARY DESIRED			DESIRED START DATE		
ARE YOU CURRENTLY EMPLOYED?	YES	<input type="checkbox"/>	MAY WE CONTACT YOUR CURRENT EMPLOYER?	YES	<input type="checkbox"/>	EVER APPLIED TO THIS COMPANY BEFORE?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>		NO	<input type="checkbox"/>		NO	<input type="checkbox"/>

Education History

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	SUBJECTS STUDIED
High School				
College				
Trade School				

General Information and Experience

LIST YOUR SKILLS AND EXPERIENCE

MILITARY SERVICE	RANK
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Employment History

PLEASE LIST THE LAST 3 YEARS OF EMPLOYMENT HISTORY, CIVIL HOLDERS - 10 YEARS

DATE		EMPLOYER NAME	EMPLOYER ADDRESS	
FROM	TO			
EMPLOYMENT VERIFIED		SALARY	POSITION	REASON FOR LEAVING
YES	INITIALS			
NO		EMPLOYER NAME		EMPLOYER ADDRESS
EMPLOYMENT VERIFIED		SALARY	POSITION	REASON FOR LEAVING
YES	INITIALS			
NO		EMPLOYER NAME		EMPLOYER ADDRESS
EMPLOYMENT VERIFIED		SALARY	POSITION	REASON FOR LEAVING
YES	INITIALS			
NO		EMPLOYER NAME		EMPLOYER ADDRESS

Employment History Contd.

PLEASE LIST THE LAST 5 YEARS OF EMPLOYMENT HISTORY, CDM DRIVERS - 10 YEARS

DATE		EMPLOYER NAME	EMPLOYER ADDRESS	
FROM	TO			
EMPLOYMENT VERIFIED		SALARY	POSITION	REASON FOR LEAVING
YES	INITIALS			
NO				
DATE		EMPLOYER NAME	EMPLOYER ADDRESS	
FROM	TO			
EMPLOYMENT VERIFIED		SALARY	POSITION	REASON FOR LEAVING
YES	INITIALS			
NO				

Please list the Employers who designated your job as a safety sensitive function of any DOT regulated mode subject to Drug and Alcohol Testing Requirements of 49 CFR Part 40!

Employer Name	Employer Name	Employer Name

PLEASE LIST ANY DRIVER TRAINING, CDM TRAINING OR OTHER TRAINING THAT YOU HAVE OBTAINED

PLEASE LIST THE STATES YOU HAVE DRIVEN IN FOR THE PAST 5 YEARS

References

PROVIDE THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	BUSINESS	YEARS KNOWN	PHONE NUMBER

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature _____

----- DO NOT WRITE BELOW THIS LINE -----

Interviewed By: _____ Date _____

COMMENTS
