



# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT HISTORY

(Start with your present or last job, add another sheet as necessary.)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years Be Shown

1	Company name	Telephone (    )
	Address	Employed (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Responsibilities	Reason for Leaving

2	Company name	Telephone (    )
	Address	Employed (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Responsibilities	Reason for Leaving

3	Company name	Telephone (    )
	Address	Employed (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Responsibilities	Reason for Leaving

4	Company name	Telephone (    )
	Address	Employed (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Responsibilities	Reason for Leaving

5	Company name	Telephone (    )
	Address	Employed (Month & Year) From                      To
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Responsibilities	Reason for Leaving

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We may contact the employers listed unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Numbers: Reason:

<b>M</b> COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
<b>L</b> Describe your duties and any special training	Period of Active Duty Mo/Year    /
<b>E</b>	From:
<b>E</b>	To:
<b>T</b>	
<b>A</b>	
<b>R</b>	Rank at Discharge
<b>Y</b>	Date of Final Discharge

Have you been convicted of a crime (other than a traffic violation)?      YES ___ NO ___ If yes, please explain.
Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations? YES ___ NO ___
If no, describe function that cannot be performed.

This application shall be considered active for no more than 45 days. After that time, applicants will be required to submit a Completed application. The applicant understands that neither this document nor any offer of employment constitutes an Employment contract unless a specific document is executed in writing by the employer and employee.		
I certify that the facts, history, or information set forth in this Application of Employment are true and complete to the best of my Knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I Authorize the Company to make an investigation of the facts, history, or information set forth in this application and release from Any liability both the Company and those who supply reference information in response to any investigation by the Company.		
I understand that employment at this Company is "at-will": which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statue. All employment is continued on that basis. I understand also that if I am employed, I am, required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.		
<table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Signature</b></td> <td style="width: 40%;"><b>Date</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>
<b>Signature</b>	<b>Date</b>	

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, religion, sex, age, national origin, disability, veteran, marital status, or any other basis prohibited by statue.