



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: TRUCK DRIVER ADMINISTRATION MAINTENANCE LANDSCAPING

EMPLOYMENT DESIRED: FULL-TIME PART-TIME CONTRACT

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Address

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Address

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Address

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

***TRUCK DRIVER APPLICANTS ONLY, ALL OTHERS SKIP TO NEXT SECTION**

DRIVING EXPERIENCE

	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		TOTAL MILES DRIVEN
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Motorcoach-Bus				
Other _____				

List states that you have operating in for the last 5 years below

DRIVER LICENSES (FOR THE PAST 5 YEARS)

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS? IF NONE, WRITE NONE.

	DATES	NATURE OF INCIDENT (HEAD ON- REAR-END-UPDATE, ETC.)	# OF FATALITIES	# OF INJURED
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING) FOR THE PAST 3 YEARS? IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

HAVE YOU EVEN BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE FOR ANY REASON? YES NO

HAS ANY DRIVER LICENSE, PERMIT OR PRIVILEGE BEEN SUSPENDED OR REVOKED?
 YES NO

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DRUG TEST CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A DRUG TEST? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____