



# Employment Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Applying For: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a citizen of the United States?      YES      NO      Do you have a CDL?      YES      NO  
                 

Have you ever been convicted of a felony?      YES      NO      Have you served in the military?      YES      NO  
                 

## References (Please list professional references)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ End Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ End Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ May we contact supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Education**

Type of School	Name & City	Years	Graduated	Course or Major
High School				
Technical School				
College				
Other				

**Driver Experience, Qualification & Accident Information (Last 3 years)**

Accidents: None

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Date \_\_\_\_\_ Describe \_\_\_\_\_ Fatalities \_\_\_\_\_ Injuries \_\_\_\_\_

Driver's License Information:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Experience:

\_\_\_\_\_ to \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

\_\_\_\_\_ to \_\_\_\_\_  
Type of vehicle driven Dates Approximate mileage driven

List all Traffic Violations Convictions: None

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Date \_\_\_\_\_ Violation \_\_\_\_\_ State \_\_\_\_\_ Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? Yes / No

If yes; state of issuance; explanation:  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_