



Equal access to programs, services, and employment is available to all persons - Pre-Employment Drug/Alcohol Screen is Required- Please Print

Personal and Contact Information

Name _____
 Last First Middle

Address _____
 Street City State Zip

Home Phone _____ - _____ - _____ **Cell Phone** _____ - _____ - _____

Type of work applied for: Labor Management Clerical Shop **Position:** _____

How did you hear about the job: _____

1. Best time to contact you? _____ : _____ ^{AM}/_{PM} **2. May we contact you at work?** Yes No

3. If yes, give work number and best time to call _____ / _____ - _____ : _____ ^{AM}/_{PM}

4. If you are under 18, can you furnish a work permit? Yes No **5. Date available for work** _____ / _____ / _____

6. Have you filed an application here before? Yes No **7. If yes, give date?** _____ / _____ / _____

7. Have you ever been employed here before? Yes No **8. If yes, give dates:** _____ / ^{FROM} _____ / _____ ^{TO} _____ / _____

9. Are you legally eligible for employment in this country? Yes No (Proof of US Citizenship or immigration status will be required upon employment)

10. Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-Op

11. Are you on lay-off and subject to recall? Yes No **12. Will you travel if job requires it?** Yes No

13. Will you work overtime if needed? Yes No **14. Driver's license # and state** _____ **Exp Date** _____

15. Driver's license type: Operator CDL - please circle type(s): B A Tank Vehicles Hazardous Materials Passenger Transport

16. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

17. Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered YES to either of these questions, attach a statement of explanation.

School Name/City/State	Years Completed	Graduate	Subject/Degree
High School: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/Trade: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/Trade: _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Language Skills (Please list any foreign languages you know and check skill level)

Language: _____ **SPEAK** Some Fluent **READ** Some Fluent **WRITE** Some Fluent

Language: _____ **SPEAK** Some Fluent **READ** Some Fluent **WRITE** Some Fluent

Skills & Qualifications – Summarize any special training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying:

10 HR OSHA: Yes No **40 HR HAZWOPER:** Yes No _____

List your employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown. If more space is needed, please request another sheet to complete history.

		Summarize the nature of the work performed and job responsibilities
Employer		
Address		
City/State		
Phone		Reason For Leaving
Job Title		

Immediate Supervisor & Title: _____ May We Contact? Yes No Later

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Comments (including explanation of any gaps in employment) _____

		Summarize the nature of the work performed and job responsibilities
Employer		
Address		
City/State		
Phone		Reason For Leaving
Job Title		

Immediate Supervisor & Title: _____ May We Contact? Yes No Later

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Comments (including explanation of any gaps in employment) _____

		Summarize the nature of the work performed and job responsibilities
Employer		
Address		
City/State		
Phone		Reason For Leaving
Job Title		

Immediate Supervisor & Title: _____ May We Contact? Yes No Later

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Comments (including explanation of any gaps in employment) _____

		Summarize the nature of the work performed and job responsibilities
Employer		
Address		
City/State		
Phone		Reason For Leaving
Job Title		

Immediate Supervisor & Title: _____ **May We Contact?** Yes No Later

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Comments (including explanation of any gaps in employment) _____

		Summarize the nature of the work performed and job responsibilities
Employer		
Address		
City/State		
Phone		Reason For Leaving
Job Title		

Immediate Supervisor & Title: _____ **May We Contact?** Yes No Later

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Comments (including explanation of any gaps in employment) _____

		Summarize the nature of the work performed and job responsibilities
Employer		
Address		
City/State		
Phone		Reason For Leaving
Job Title		

Immediate Supervisor & Title: _____ **May We Contact?** Yes No Later

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Comments (including explanation of any gaps in employment) _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of applicant _____ **Date** _____ / _____ / _____

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other legally protected status.

To be completed by applicant. Not for Interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations, including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Applicant Information:

Name _____
Last First

Address _____
Street City

Telephone Number _____ Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- White Black or African American Hispanic or Latino Native Hawaiian or Pacific Islander
 Asian American Indian or Alaskan Native Two or More Races