

## APPLICATION FOR EMPLOYMENT

13030 County Road 20 | Fort Lupton, CO 80621 O: 303-990-7050 | www.countrytruckservice.com

PLEASE EMAIL COMPLETED FORM AND RESUME (IF APPLICABLE) TO KEVIN@COUNTRYTRUCK.NET

## **An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation or gender identity, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based upon non-job related information.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions in detail. Use extra paper if you do not have enough space on this application to answer a question(s).

PLEASE PRINT, except for placing your signature at the end of this application. None of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

GENERAL			
Last Name	First Name	Middl	e Name
Present Street Address	City	State	Zin Codo
riesent Street Address	City	State	Zip Code
Email Address		Phoi	ne Number
Job Applying For		Т	oday's Date
Type of Employment:Full-Time	Part-Time _	Temporary	
Salary/Wage Desired:	Date You	Can Start Work:	
Are You 18 Years of Age? Yes	NO If hired, you will b	e required to furnish proof of	your eligibility to work in the US
Have you applied here before? γ	es No If so, whe	en?	
Have you ever been employed here?	Yes No If s	o, when?	
If employed, do you expect to be engage	ged in any additional b	ousiness or employ	ment outside of
CT Service? Yes No	If yes, please give de		

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Name and Addres					
ivallie allu Auures	s of Schoo	I Numb	er of Years Co	mpleted	Diploma/Degree
High School or GED					
College or University					
Subjects Studied					
Vocational or Technical					
Subjects Studied		·			
SPECIAL SKILLS  List any additional skills or training	which may	be relate	d to the job fo	r which ye	ou are applying:
List any machines or equipment you job you're applying for:	u are traine	d or certi	fied to operate	which ma	ay be related to the
Do you have a driver's license?	Yes	No			
Do you have a driver's license? Driver's License Number:			_Class:	Stat	te Issued:

## **WORK HISTORY**

Please list names of employers in consecutive order with your current or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide the company name and supply business references. Please provide a detailed response to each question.

Employer Name		Address	Phone Number
Employed from:	M/Yr to	M/Yr	
Positions Held & Duties	:		
Supervisor Name(s) an	nd Title(s)		
Employer Nome		Addross	Phone Number
Employer Name		Address	Phone Number
Employed from:	M/Yr to	M/Yr	
Positions Held & Duties	:		
Supervisor Name(s) an	nd Title(s)		
Employer Name		Address	Phone Number
Employed from:	M/Yr to	M/Yr	
Positions Held & Duties	:		

Employer Name	Addr	Address			
Employed from:	M/Yr to	M/Yr to M/Yr			
Positions Held & Duties	<b>3</b> :				
Supervisor Name(s) ar	nd Title(s)				
REFERENCES					
=	nded school under any oth id dates each name was us		res No		
	10	N			
A	=	No ace we should contact	at your current employer:		
Are you presently emploing the second of the	una job title of the fereign				
If yes, provide the name	e, address, and phone num		es that are not relatives		