

# **Non-DOT Employment Application**

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

**Office Use only**

Employee # \_\_\_\_\_

## **APPLICANT MAY BE TESTED FOR ILLEGAL DRUGS**

We provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

**PLEASE COMPLETE PAGES 1-4**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Maiden

Present address: \_\_\_\_\_

Number

Street

City

State

Zip

How long: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years of age or older? Y or N (Proof of age or a work permit may be required)

Are you legally able to be employed in the US? \_\_\_\_\_ Yes \_\_\_\_\_ No (If hired, verification will be required by law)

Position applied for \_\_\_\_\_

Days/hours available to work

Salary desired (Be specific) \_\_\_\_\_

NO Pref \_\_\_\_\_ Thur \_\_\_\_\_

Available Start Date \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Can you work Nights? \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

Employment desired: \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY \_\_\_ FULL OR PART TIME

Are you able to work overtime (41+ hours a week) if the job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

## **EDUCATION HISTORY**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS ATTENDED	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School					
College					
Bus. Or Trade School					
Professional School					

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVERS LICENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your means of transportation to work?

\_\_\_\_\_

*Driver's License*

Number \_\_\_\_\_ State of Issue \_\_\_\_\_ \_\_\_ Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Have you had any moving violations during the past three years?

How many? \_\_\_\_\_

**Please List two references other than relatives or previous employers**

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ .

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ .

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE ONLY

Typing \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ WPM

10-Key \_\_\_\_\_ Yes \_\_\_\_\_ No

Micro Soft Office \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ WPM

Other Skills \_\_\_\_\_

Personal Computer \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ PC \_\_\_\_\_ Mac \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

## Work Experience History

**Work Experience** Please list your work experience for the **past five years or 3 employers whichever is greater** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheet if necessary.**

Name of employer		Name of last supervisor	Employment dates	Pay or Salary
Address			From:	Start:
City, State, Zip Code				
Phone number			To:	Final:
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

Name of employer		Name of last supervisor	Employment dates	Pay or Salary
Address			From:	Start:
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

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City, State, Zip Code				
Phone number			To:	Final:
Your last job title				
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, who did? \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

1. I certify that all Information given on this application is true, correct and complete to the best of my knowledge.
2. I also certify that I have accounted for my last the past five years or 3 employers whichever is greater and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.
3. The company is hereby authorized to make any investigations of my employment, educational, credit, criminal or driving history through any investigative agencies or bureaus of its choice. I release all relevant parties from all liability of any damages resulting from furnishing such information.
4. If employed by \_\_\_\_\_, I agree to abide by its rules and regulations.
5. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal.
6. I agree to furnish additional information as may be required to complete my employment file.
7. I understand that operating conditions may require me to temporarily work hours other than the ones for which I am applying, and I agree to such scheduling change as directed by my supervisor.
8. I understand that an offer of employment and continued employment with \_\_\_\_\_ is contingent upon my furnishing satisfactory proof of my authorization to work in the United States.
9. I understand that this is an application for employment and that no employment contract, either express or implied, is being offered.
10. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

**I ACCEPT:**

☐ **YES**

☐ **NO**

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_