

# APPLICATION FOR EMPLOYMENT

**TO APPLICANT:** Federal and State Laws require that all applications be considered without regard to race, religion, color, sex, age or national origin.

Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No Street City State Zip

Telephone No. \_\_\_\_\_ Referred by:  Our Advt.  Emp. Agency  Friend or Relative  No One

Position(s) applied for \_\_\_\_\_  Full Time  Part Time

If part time specify days/hours \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If YES, when? \_\_\_\_\_ Position \_\_\_\_\_

Indicate special qualifications or skills \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?
Elementary				
High School				
College		Major:		
		Degree:		
Other				

**PRIOR EMPLOYMENT** (Please list at least 3 years of employment history)

Employer	Phone	From:	To:
Address <span style="float: right;">City, State, Zip</span>		Position:	
Duties		Supervisor's Name	
Reason for Leaving		Starting Salary/Wages	
Final Salary/Wages			
Employer	Phone	From:	To:
Address <span style="float: right;">City, State, Zip</span>		Position:	
Duties		Supervisor's Name	
Reason for Leaving		Starting Salary/Wages	
Final Salary/Wages			
Employer	Phone	From:	To:
Address <span style="float: right;">City, State, Zip</span>		Position:	
Duties		Supervisor's Name	
Reason for Leaving		Starting Salary/Wages	
Final Salary/Wages			

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AN EQUAL OPPORTUNITY EMPLOYER

**CONTINUED PRIOR EMPLOYMENT (pg 2)**

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties	Supervisor's Name		
	Starting Salary/Wages		
Reason for Leaving	Final Salary/Wages		

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties	Supervisor's Name		
	Starting Salary/Wages		
Reason for Leaving	Final Salary/Wages		

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties	Supervisor's Name		
	Starting Salary/Wages		
Reason for Leaving	Final Salary/Wages		

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties	Supervisor's Name		
	Starting Salary/Wages		
Reason for Leaving	Final Salary/Wages		

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties	Supervisor's Name		
	Starting Salary/Wages		
Reason for Leaving	Final Salary/Wages		

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties	Supervisor's Name		
	Starting Salary/Wages		
Reason for Leaving	Final Salary/Wages		

**MILITARY SERVICE**

BRANCH OF SERVICE	FROM	TO	RANK & DUTIES	DATE DISCHARGED

**PERSONAL REFERENCES**

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country

Because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires is?  Yes  No

Can you relocate?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*(Conviction will not necessarily disqualify applicant from employment.)*

If Yes, please explain \_\_\_\_\_

**DRIVING INFORMATION (Sales, Drivers or Field Applicant Only)**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Has your drivers license ever been suspended? \_\_\_\_\_ If "yes" give details. \_\_\_\_\_

**Applicant's Statement**

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

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

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

DO NOT WRITE BELOW THIS LINE

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

**MUST BE READ AND SIGNED BY THE APPLICANT**

- It is agreed and understood that the employer or its agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of furnishing such information.
- In accordance with the provision so Section 604(b)(2)(a) of the Fair Credit Reporting Act Public Law 9f-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, and 391.25 of the Federal Motor Carrier Safety Regulations.
- The applicant agrees to furnish such additional information and complete such examinations as necessary to complete applicant's employment file.
- It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.
- It is agreed and understood that if hired, the applicant may be on a probationary period during which time applicant may be discharged without recourse. Further, any false statement herein submitted will be deemed sufficient reason for rejection or termination of the applicant's employment, irrespective of time lapsed before discovery.
- In connection with my application for employment with you, I understand that an investigative consumer report is being requested from DAC Services, Tulsa, Oklahoma, that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment obtained from previous employers. Further, I understand that you will be requesting information concerning my driving record and/or information from various state agencies which maintain records concerning traffic offenses, accidents, etc., as well as information from DAC concerning (1) previous driving record requests made by others from such stage agencies and (2) claims involving me in the files of insurance companies. I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above described information form DAC, and agree that such information which DAC has or obtains, and my employment history with you, if I am hired, will be supplied by DAC to other companies which subscribe to DAC's services.
- IF HIRED BY YOU, I FURTHER CONSENT TO YOUR FURNISHING TO DAC INFORMATION CONCERNING MY CHARACTER, WORK HABITS, PERFORMANCE DRIVING RECORD AND EXPERIENCE, AS WELL AS ANY REASONS FOR TERMINATION OF MY EMPLOYMENT, AND FURTHER CONSENT TO DAC'S FURNISHING SUCH INFORMATION IN THE FUTURE TO OTHER COMPANIES WHICH SUBSCRIBE TO DAC'S SERVICES FROM WHICH I MAY BE SEEKING EMPLOYMENT, AND TO INSURANCE COMPANIES OR THEIR AGENTS IN CONNECTION WITH ISSUANCE OR MAINTENANCE OF INSURANCE COVERAGE.
- The applicant agrees to conform to the rules and regulations of the Company, and understands that employment and compensation can be terminated with or without cause, at any time, at the option of either the Company or the individual.
- The applicant further understands that no personnel recruiter or interviewer or other representative of the Company other than the President, has any authority to enter into any agreement for employment for any specified period of time.
- If requested to do so, I agree to submit to physical and psychological testing prior to employment, or at any time during my employment, including but not limited to a polygraph and/or urine analysis to test for drugs or alcohol. It is agreed and understood that the answers to the foregoing questions are true and correct, and that any misrepresentations of information given above shall be considered an act of dishonesty. Further, this certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

X \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date