

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

	Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Date	Location	Charge	Penalty

EMPLOYMENT RECORD

Start with Last or current position, including military experience, and work back. (Attach a separate sheet if necessary)

Current Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____
Month/Year Month/Year
 Reason for Leaving: _____ Salary: _____
 May we contact your present employer? Yes No

Current Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____
Month/Year Month/Year
 Reason for Leaving: _____ Salary: _____

Current Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____
Month/Year Month/Year
 Reason for Leaving: _____ Salary: _____

Current Employer: _____ Supervisor's Name: _____
 Address: _____ Phone: _____
 Position Held: _____ From _____ To _____
Month/Year Month/Year
 Reason for Leaving: _____ Salary: _____

Have you ever been discharged or asked to resign from a position? Yes No

Why do you desire to make a change in employment at this time? _____

Is there anything that would prevent you from satisfactorily performing, either with or without reasonable accommodation, the essential functions of the job for which you have applied? _____ Yes _____ No

Are you over the age of 18? _____ Yes _____ No

If no, employment is subject to verification of minimum legal age by age certificate or work permit.

Do you have the legal right to live and work in the US? _____ Yes _____ No

If not a US citizen, please provide proof that you can be legally employed in the US (INS Forms I-15, I-94, I-551, etc.) If hired, proof of identity and authorization to work in the US will be required, within three days.

COURSES ATTENDED:

Hazardous Materials and Emergency Response _____

Hazardous Materials Refresher Course _____

Mine Safety _____

OSHA _____

Other _____

SPECIALIZED SKILLS/EQUIPMENT OPERATED:

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors:

<u>Name</u>	<u>Phone Number</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

We offer equal opportunities to all persons without regard to race, color, religion, age, sex, marital status, national origin, disability, sexual orientation, or veteran status.

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that a motor vehicle report will be obtained to validate my drivers' license. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the Job. I also understand that if offered a job, it may be conditioned on the results of a physical examination, drug test and will be subject to annual motor vehicle report reviews.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

Date

Signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE

Interview Notes: _____

Qualifications: _____

Experience: _____

Attitude: _____

Items Discussed:

Pay: _____

Hours: _____

Job Description: _____

Health Ins: _____

Benefits: _____