



Position: _____

Application for Employment

An Equal Opportunity Employer

Full legal Name: _____ Contact #: _____ home cell work

Address: _____

Social Security No.: _____ Birthdate: _____ Are you a citizen of the United States? Yes No

Highest grade completed: 10 11 12 GED? Yes No What is your desired salary range or hourly rate of pay? _____ Per _____

Are you able to perform the "essential functions of the job for which you are applying or do you have a previous injury that may hinder this position? Yes No

Are you able to: Work Overtime Weekends/Nights Reliable Transportation to Work Valid Driver License Possess DOT Medical Card

Geographical Locations you are familiar with: MD VA DC Other: _____

Have you ever been **convicted** of a violation of the law (misdemeanor or felony) OTHER than a minor traffic violation? Yes No

If yes, provide a detailed explanation below. **List any criminal or non-civil charges or proceedings that are currently pending against you.**

Offense & Date _____ State & County: _____

Outcome: _____

Offense & Date _____ State & County: _____

Outcome: _____

Offense & Date _____ State & County: _____

Outcome: _____

Offense & Date _____ State & County: _____

Outcome: _____

Offense & Date _____ State & County: _____

Outcome: _____

***When answering these questions, you may omit (a) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (b) any conviction the record of which has been expunged under federal or state law, and (c) any conviction set aside under the Federal Youth Corrections Act or similar authority. Being convicted of or charged with a misdemeanor or felony will not necessarily disqualify an applicant from employment but is considered when hiring for drivers delivering to military bases.*

EMPLOYMENT HISTORY: List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name & supply business references.

Resume on File (If you submit a resume at the time of application, please still complete this section below unless your resume includes)

Employer:	Dates From:	To:	Hourly Rate/Salary From:	To:
Address:		City, State, Zip Code:		
Job Title & Duties:				
Supervisor:		Telephone:		
Reason for Leaving:				

Employer:	Dates From:	To:	Hourly Rate/Salary From:	To:
Address:		City, State, Zip Code:		
Job Title & Duties:				
Supervisor:		Telephone:		
Reason for Leaving:				

Employer:	Dates From:	To:	Hourly Rate/Salary From:	To:
Address:		City, State, Zip Code:		
Job Title & Duties:				
Supervisor:		Telephone:		
Reason for Leaving:				

Please explain **ANY** gaps in work history: _____

REFERENCES

Name	Company	Telephone:
Name	Company	Telephone:
Name	Company	Telephone:

DRIVING/TRUCK/WAREHOUSE EXPERIENCE

- Owner Operator
 Van
 16' Cube Truck
 24/26' Straight Truck
 Lift gate Knowledge
 Company Driver
 Hand Truck
 Pallet Jack
 Electric Jack
 Reefer Knowledge
 Other: _____

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge. I understand that a false answer to any question, or the withholding or omission of any information on this form, may be grounds for immediate termination.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and education history, credit reports, consumer reports, investigative consumer reports, driving records, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supply information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

Applicant's Signature

Date