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APPLICATION FOR EMPLOYMENT

USE ADDITIONAL PAPER IF NECESSARY

PERSONAL INFORMATION:

NAME:

_____ (FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

**ADDRESS
FOR PAST
THREE YEARS**

} ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)
ADDRESS _____ HOW LONG? _____
(STREET) (CITY) (STATE & ZIP CODE)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

PHONE NUMBER _____ E-Mail Address _____

D.O.B. _____
S.S. # _____

REFERRED BY _____

EMPLOYMENT POSITIONS INTERESTED IN: (CIRCLE)

MANAGEMENT GUIDE VAN DRIVER SALES/RETAIL BIKE MECHANIC OFFICE ADMINISTRATOR

ARE YOU INTERESTED IN FULL-TIME OR PART-TIME WORK? _____

ARE YOU AVAILABLE TO WORK MAY THRU SEPTEMBER? _____

IF NOT, DATE YOU CAN START WORK? _____ END WORK? _____

WORK EXPERIENCE (last three):

1) NAME OF EMPLOYER _____
ADDRESS/PHONE OF EMPLOYER _____
DATE OF EMPLOYMENT _____
JOB DESCRIPTION _____
REASON FOR LEAVING _____

2) NAME OF EMPLOYER _____
ADDRESS/PHONE OF EMPLOYER _____
DATE OF EMPLOYMENT _____
JOB DESCRIPTION _____
REASON FOR LEAVING _____

3) NAME OF EMPLOYER _____
ADDRESS/PHONE OF EMPLOYER _____
DATE OF EMPLOYMENT _____
JOB DESCRIPTION _____
REASON FOR LEAVING _____

EDUCATION:

DRIVING INFORMATION:

DRIVER LICENSE S	STATE	LICENSE NO.	TYPE	EXPIRATION DATE	# YEARS LICENSED

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(NEEDED)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?
YES ___ NO ___

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED ? YES ___ NO ___

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

CERTIFICATIONS RECEIVED (WITH DATES OF EXPIRATIONS):

FIRST AID _____ CPR _____

EMERGENCY MEDICAL TECHNICIAN _____ EMERGENCY TRAUMA TRAINING _____

COMMERCIAL DRIVERS LICENSE _____

OTHER _____

OTHER EXPERIENCE/JOB RELATED SKILLS:

PERSONAL REFERENCES

1) NAME _____

ADDRESS/PHONE _____

POSITION/RELATION _____

YEARS ACQUAINTED _____

MAY WE CONTACT THIS PERSON FOR A REFERENCE?

2) NAME _____

ADDRESS/PHONE _____

POSITION/RELATION _____

YEARS ACQUAINTED _____

MAY WE CONTACT THIS PERSON FOR A REFERENCE?

3) NAME _____

ADDRESS/PHONE _____

POSITION/RELATION _____

YEARS ACQUAINTED _____

MAY WE CONTACT THIS PERSON FOR A REFERENCE?

PERSONAL STATEMENT:

AUTHORIZATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF INFORMATION REQUESTED 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 WAGE OR SALARY, MAY BE TERMINATED AT ANY TIME WITHOUT CASE AND WITHOUT ANY PREVIOUS NOTICE.

[APPLICANTS FOR POSITIONS THAT REQUIRE DRIVING A COMMERCIAL MOTOR VEHICLE (CMV) AT ANY TIME WILL BE REQUIRED TO UNDERGO CONTROLLED SUBSTANCE AND, AT OUR DISCRETION, ALCOHOL TESTING PRIOR TO EMPLOYMENT AND WILL BE SUBJECT TO FURTHER TESTING THROUGHOUT THEIR PERIOD OF EMPLOYMENT. APPLICANTS WILL ALSO BE ASKED TO SIGN FORMS FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYERS IN ALL CASES WHERE DRIVING A CMV WAS ONE OF YOUR FUNCTIONS. FAILURE TO SIGN WILL PREVENT THIS EMPLOYER FROM USING YOU AS A CMV DRIVER.]

IN CASE OF EMERGENCY NOTIFY: _____

PHONE #: _____ ADDRESS: _____

SIGNATURE: _____ DATE: _____