

**APPLICATION FOR EMPLOYMENT  
AND  
PERSONNEL RECORD FOLDER**

Applicant: Read and sign before submitting this application:

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. I understand that the information on this application will be used and that prior employees will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Safety Regulations.

\_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE

POSITION APPLYING FOR \_\_\_\_\_

=====

(PLEASE PRINT)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(Street) (City) (State & Zip Code)

DATE OF BIRTH \_\_\_\_\_ (Only applicable for drivers)

Driver's License Information: State \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_ Expiration \_\_\_\_\_

Are you able to provide your own transportation to and from our job sites? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Are you employed now? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, how long since leaving last employment \_\_\_\_\_

Are you on a lay-off? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to recall? Yes \_\_\_\_\_ No \_\_\_\_\_

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

On what date would you be available for work? \_\_\_\_\_ Rate of Pay Expected \_\_\_\_\_

Can you travel if a job requires it? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

\_\_\_\_\_

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**PHYSICAL HISTORY**

Do you have now, or have you had in the past, any physical or mental condition, injury, illness or disability that would limit your ability to perform the work for which you are applying? If any, explain fully \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last D.O. T. physical examination \_\_\_\_\_ (Drivers only)

**AN EQUAL OPPORTUNITY EMPLOYER**