
GENERAL INFORMATION

What specific kind of work are you applying for? _____

List special qualifications you have: _____

What special equipment are you qualified to operate? _____

MILITARY SERVICE

Veteran of U.S. Military Service? NO YES If yes, what branch? _____

Rank at time of discharge: _____ Number of years in service: _____

REFERENCES

List name and telephone number of (3) business/work references who are **not** related to you:

NAME	TELEPHONE	YEARS KNOWN
	(_____)	
	(_____)	
	(_____)	

DRIVER'S LICENSE

TO BE COMPLETED FOR ALL POSITIONS INVOLVING THE OPERATION OF A MOTOR VEHICLE OR OFF-ROAD EQUIPMENT

TYPE OF DRIVER'S LICENSE YOU HOLD	ISSUED BY WHAT STATE	EXPIRATION DATE	DRIVER'S LICENSE NO.
<input type="checkbox"/> OPERATOR <input type="checkbox"/> COMM'L OPERATOR TYPE: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Has your driver's license been revoked or suspended in the past (3) years? NO YES

If yes, please explain: _____

How many years have you been driving? Less than 1 year 2-3 years over 3 years

Do you have any restrictions on your license? NO YES

If yes, please explain: _____

Have you had any traffic/moving violations or accidents in the past (3) years? NO YES

If yes, please list details below:

MO / YR	DESCRIPTION OF VIOLATIONS (not parking)	MO / YR	DESCRIPTION OF ACCIDENTS

(above may be verified by DMV check)

EMPLOYMENT HISTORY / EXPERIENCE

Start with present or most recent job position. Use the comments section below to explain any gaps in employment.

1.	Employer	Telephone () -	Dates Employed		Job Duties / Work Performed:
			START	END	
	Address				
	Job Title		Hourly Rate / Salary		
			STARTING	FINAL	
Supervisor					
Reason for Leaving					
2.	Employer	Telephone () -	Dates Employed		Job Duties / Work Performed:
			START	END	
	Address				
	Job Title		Hourly Rate / Salary		
			STARTING	FINAL	
Supervisor					
Reason for Leaving					
3.	Employer	Telephone () -	Dates Employed		Job Duties / Work Performed:
			START	END	
	Address				
	Job Title		Hourly Rate / Salary		
			STARTING	FINAL	
Supervisor					
Reason for Leaving					
4.	Employer	Telephone () -	Dates Employed		Job Duties / Work Performed:
			START	END	
	Address				
	Job Title		Hourly Rate / Salary		
			STARTING	FINAL	
Supervisor					
Reason for Leaving					

Special Skills and Qualifications Summary (acquired from past employment or other experience): _____

EDUCATION

Education	Name & Location	Circle Last Year Completed	Did You Graduate?	Subjects Studied
High School	_____	1 2 3 4	<input type="checkbox"/> NO <input type="checkbox"/> YES	

College	_____	1 2 3 4	<input type="checkbox"/> NO <input type="checkbox"/> YES	

Other	_____	1 2 3 4	<input type="checkbox"/> NO <input type="checkbox"/> YES	

Please list any education or courses which you feel qualify you for the position(s) for which you are applying. Include school(s) attended and degree(s) obtained, if any: _____

_____ I HAVE / _____ I DO NOT HAVE - CHILD SUPPORT OBLIGATIONS IN _____ COUNTY.

APPLICANT'S STATEMENT

I certify that the information contained in my application is true and complete. I understand that false statements or material omissions on this application may result in rejection of my application, or if employed, may result in my dismissal. Furthermore, I understand that I am free to resign my employment at any time and the company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no representative of the company has the authority to make any assurances or representations to the contrary.

I authorize the company to investigate all references, to verify all information I have supplied and to secure such other information as may relate to my application for employment. I release from all liability or legal claims every person seeking or providing information, either orally or written. A photocopy of this release shall be as valid as the original and may not be relied upon by all persons providing information.

The company is an **equal opportunity employer**. The company does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

I understand that neither this document nor any offer of employment from the company constitutes an employment contract, either expressed or implied.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview: NO YES Employed? NO YES Date of Employment: _____

Comments/ Remarks: _____

Job Title: _____ Hourly Rate / Salary: \$ _____

INTERVIEWER DATE

By: _____

NAME & TITLE DATE