

Nexis Genis

APPLICATION FOR EMPLOYMENT

All Drivers must have a CDL License

NOTE TO THE APPLICANT: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately.

Position Applying for _____

Date of application _____

PERSONAL INFORMATION

Name _____

Social Security Number _____

Address

Street _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Are you eligible for employment in the United States? () Yes () No

Have you worked for this company before? () Yes () No If yes, when?

Dates: From _____ To _____

Are you available to work: () Full Time () Part Time () Temporary () Summer Only

What date would you be available for work? _____

Are you on lay-off and subject to recall? () Yes () No

Would you accept employment () Out-of-town () Statewide

Who referred you? _____

Rate of pay expected _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended

Name

City

State

MILITARY EXPERIENCE

Have you ever served in the U.S. Military? Yes _____ No _____

If yes, which branch of service: _____

DRIVER LICENSE INFORMATION

License Number _____ State _____

Expiration Date _____ CDL Type: () A () B

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

() Yes () No If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? () Yes () No

If yes, explain _____

Have you had an OWI (operating while intoxicated) in the past 5 years? () Yes () No

ACCIDENT RECORD FOR THE PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

TRAFFIC CONVICTIONS/ FORFEITURES FOR PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

EXPERIENCE

What type of trucks or types and makes/models of construction equipment can you operate?

_____ Yrs _____
_____ Yrs _____
_____ Yrs _____

What type of trucks or types and makes/models of construction equipment can you repair?

List any craft training programs or special courses you have taken

EMPLOYMENT HISTORY

All CDL applicants who have held a CDL for 10 years must provide the following information on all employers during the preceding 10 years. Entire 10 years must be accounted for. During periods of unemployment, list dates and write “unemployed” in employer information. If you have not had a CDL for 10 years, provide information back to the date you first obtained CDL license.

List employers starting with most recent first. Add additional sheet if necessary.

Current Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From (Mo./Yr) _____ To (Mo./Yr) _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From (Mo./Yr) _____ To (Mo./Yr) _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From (Mo./Yr) _____ To (Mo./Yr) _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From (Mo./Yr) _____ To (Mo./Yr) _____ Salary _____

Reason for Leaving: _____

Previous Employer: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From (Mo./Yr) _____ To (Mo./Yr) _____ Salary _____

Reason for Leaving: _____

REFERENCES – at least three (Name, Address and Phone Number)

Include only individuals familiar with your work ability.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

TO BE READ AND SIGNED BY APPLICANT

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. I authorize you to make such investigations and inquiries of my personal, employment, medical history and other related matters as may be necessary in arriving at an employment decision.

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

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

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant's Signature

Date