



•EMPLOYMENT APPLICATION•

If for driver position, this application must be completed by the applicant.

This company is AN EQUAL OPPORTUNITY EMPLOYER and does not discriminate against any applicant because of his or her race, color, religion, national origin, sex, age, disability, or any other legally recognized protected basis under applicable federal, state, or local laws.

(Please Print In Ink)

Position Applying For _____ Full-time Part-time Temporary
Date Available For Work _____

PERSONAL INFORMATION

Name _____
Last First Middle Social Security Number

Present
Address _____
Number, Apt. # and Street

_____ City, State, Zip Code How Long? Phone Number Home Cell

If hired, can you furnish proof of age? Yes No

Previous Residence Address(es) for past 3 years:

What days and hours are you available to work? _____

Any objection to overnight travel? Yes No

Have you ever been employed by this company or any company primarily selling or manufacturing drywall products? Yes No If yes, when? _____

Company Name _____ City, State _____

Referred by: Employee Newspaper Employment Agency State Employment Service
 Other _____

EDUCATION & TRAINING

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 13 14 15 16 17 18 19
 Associate Degree Bachelor's Degree Master's Degree Ph.D.

Are you currently attending school? Yes No Name of School: _____

List machines, work appliances, etc., on which you have had experience. _____

Describe experience, education, or training applicable to position for which you are applying. _____

W.P.M. Accuracy: Typing _____ Shorthand _____

EMPLOYMENT HISTORY (*Past 10 years for drivers with Commercial Driver's License)

Begin with present or last employer	Dates of Employment	Kind of Work Performed and Supervisors	Earnings	Reason(s) for Leaving	Were you subject to the Federal Motor Carrier Safety Regulations while working for this employer?	Was your job designated as a "safety sensitive function" subject to DOT drug and alcohol testing?
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address		Supervisor(s):				
City, State, Zip						
Phone No.						
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address		Supervisor(s):				
City, State, Zip						
Phone No.						
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address		Supervisor(s):				
City, State, Zip						
Phone No.						
Company Name	From _____ to _____	Job(s) Held:	\$ ____ per hour week month year		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Address		Supervisor(s):				
City, State, Zip						
Phone No.						

Place an "X" next to the name(s) of the employers above you DON'T want us to contact.

*Continue on page 4, if necessary.

PERSONAL REFERENCES - DO NOT LIST RELATIVES - LIST AT LEAST TWO REFERENCES KNOWN AT LEAST ONE YEAR - LIST ADDITIONAL REFERENCES ON PAGE 4.

Name	Name
Address	Address
City, State, Zip	City, State, Zip
Phone No.	Phone No.

Current Unexpired Driver's Licenses or Permits:

State	License Number	Type/Class	Expiration Date

Commercial Vehicle Driving Experience for Past 3 Years (List additional on Page 4):

Class of Equipment	Type of Equipment	Total Miles	Dates of Operation		Employer Name (Must be filled out)
	(Van, Tank, Flat, etc.)	of Operation	From	To	
Bus					
Straight Truck					
Tractor/Semi-Trailer					
Other					

***Please note that your previous employment information may be used and your prior employers may be contacted for the purposes of investigating your safety performance history as required by law.

Accident record for past 3 years (List additional on Page 4):

	Date of Accident	Nature of Accident (head-on, rear-end, upset, etc.)	Number of Fatalities	Number of Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic convictions and forfeitures (other than parking violations) for the past 3 years

(List additional on Page 4):

Location (City, State)	Date	Charge	Penalty

- A. Are you at least 21 years of age? Yes No
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If "Yes," explain below.
- C. Has any license, permit or privilege ever been suspended or revoked? Yes No
If "Yes," explain below.
- D. Have you been driving at least 3 years? Yes No

Details of Driver's License/Permit/Privileges Denials, Suspensions and Revocations

(List additional on Page 4):

State	License Number	Reason for Denial or Loss of Privilege	Dates of Denial or Loss of Privilege	
			From	To

I hereby authorize _____ or its agents to make a thorough investigation of my past employment and activities, including driver investigations required by 49 CFR 391.23.

I do hereby release said company and its agents - and all persons, companies and corporations supplying such information to the said company and its agents - from any claims and all liability that might arise from this investigation into my application for employment.

I understand that any false answers or statements made by me on this application or other required documents may be considered sufficient cause for denial of employment or discharge.

On entering employment, I agree to observe all the work rules of my employer, and to perform satisfactorily such duties as may be assigned to me from time to time. I understand and agree that either I or the Company may terminate my employment with or without cause at any time and that my employment is not for any definite period of time. In addition, I understand and agree that these terms of employment may not be modified or waived except by the company president in a written document bearing his signature.

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 understand that this application will remain active for a period of thirty (30) days, unless I renew it personally and in writing.

Signature of Applicant _____ Date _____

Signature of Witness _____

Thank you for your interest in employment with our company.