

Application For Employment

If you need help with this application, or any phase of the employment process, please notify the person who gave you this form and if necessary we will attempt to accommodate your needs in a reasonable manner and amount of time. If a conditional job offer is made, drug testing will be required as may other types of testing. This company also utilizes random drug testing. If you would like to review our drug/alcohol policy, please let the person who provided this form know.

Please Print

| | | | |
|-------------------------|---------------|----------------|-------------------------|
| Date _____ | Name _____ | | |
| | <i>(Last)</i> | <i>(First)</i> | <i>(Middle)</i> |
| Social Security # _____ | Email _____ | | |
| Home Phone _____ | Work # _____ | Cell # _____ | |
| Current Address _____ | | | |
| <i>(Street)</i> | <i>(City)</i> | <i>(NE)</i> | <i>(Zip) (How Long)</i> |

Applicant Note: We consider applicants for all positions without regard, to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. A felony conviction will not necessarily bar an applicant from employment. This application form is intended for use in evaluating your qualification for employment. This is not an employment contract and employment contracts and/or guarantees of employment are not made by this company. Please answer all appropriate questions completely and accurately. False, misleading or incomplete statements during the interview and/or on this form and/or other employment related forms are grounds for terminating the application process or, if discovered after employment, terminating employment. Additional testing of job-related skills may be required prior to employment. After a conditional offer of employment, and prior to reporting to work, you may be required to be examined by a medical professional, designated by the company, depending upon the needs of the job, and will be required to complete a medical history form, and undergo testing for the presence of drugs in your body.

Have you read, and do you understand the above Applicant Note? yes no

For what position are you applying? _____

How did you learn about the position: Advertisement Friend Relative Walk-In Other

If learned of a position from someone, please list their name _____

What date can you start? _____ Are you available to work: Fulltime Part time

Are you available for work between the hours of 7:30 a.m and 6:00 p.m Monday thru Friday? yes no

Have you ever filed an application with us before? yes no If yes, when? _____

Have you ever been employed with us before? yes no If yes, when? _____

Are you currently employed? yes no If yes, may we contact your current employer? yes no

If currently employed and check no above, please explain why? _____

Are you currently on "lay-off" and subject to recall? yes no

Education

| Name of School | City/State | Did You Graduate |
|----------------------|------------|------------------|
| High School | | |
| College/Trade School | | |
| Other | | |

Have you been convicted of a felony within the last 7 years? yes no If yes, please list & describe below:
 (Conviction will not necessarily disqualify applicants from employment. The recency, severity, and pertinence of the conviction to the job will all be considered)

| <i>Incident</i> | <i>City/State</i> | <i>Charge</i> |
|-----------------|-------------------|---------------|
| | | |
| | | |
| | | |

List states and counties of residence for the past 7 years: (If more space is needed use “comments” section)

| <i>State</i> | <i>County</i> | <i>Date: from - to</i> |
|--------------|---------------|------------------------|
| | | |
| | | |
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Have you used any names or Social Security Numbers other than those on this application? yes no
 If yes, please list: _____

EXPERIENCE & DRIVER QUALIFICATION ARE TYPICALLY NECESSARY IN OUR INDUSTRY – MOVING VEHICLES & OBTAINING PARTS ARE EVERY DAY OCCURENCES IN MOST POSITIONS.

Do you have an appropriate and current valid driver’s license if the job requires the same? yes no
 If yes, please list driver license #: _____ State of issue: _____

Please list any other State in which you have held a valid driver license:

| <i>State</i> | <i>License #</i> | <i>Type</i> | <i>Expiration Date</i> |
|--------------|------------------|-------------|------------------------|
| | | | |
| | | | |
| | | | |

Driving experience:

| <i>Class of Equipment</i> | <i>Type of Equipment – Van, Tank, Flat, etc.</i> | <i>Dates : From - To</i> | <i>Approx Miles Driven</i> |
|---------------------------|--|--------------------------|----------------------------|
| Tractor & Trailer | | | |
| Straight Truck | | | |
| Tow Truck | | | |

Have you had any **Accidents– regardless of fault**, within the last 3 years? yes no If yes, list below:

| <i>Date</i> | <i>Nature of Accident</i> | <i>Fatalities</i> | <i>Type of Injuries</i> | <i>Were you ticketed</i> |
|-------------|---------------------------|-------------------|-------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

Have you had any **Traffic Tickets or Forfeitures/Suspensions** within the past 3 Years? yes no If yes, list below:

| <i>Location</i> | <i>Date</i> | <i>Charge</i> | <i>Penalty</i> |
|-----------------|-------------|---------------|----------------|
| | | | |
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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 you have answered yes to either (or both) of question A and/or B immediately above, please use comments section of this application to provide details.

Employment Experience - start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| Most Recent Employer | | Dates Employed | | Work Performed |
|----------------------|------------|-----------------|--------------|----------------|
| | | <i>From</i> | <i>To</i> | |
| Address | | City/State | | |
| Telephone No. | | Hourly Salary | | |
| | | <i>Starting</i> | <i>Final</i> | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| Employer | | Dates Employed | | Work Performed |
|--------------------|------------|-----------------|--------------|----------------|
| | | <i>From</i> | <i>To</i> | |
| Address | | City/State | | |
| Telephone No. | | Hourly Salary | | |
| | | <i>Starting</i> | <i>Final</i> | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

| Employer | | Dates Employed | | Work Performed |
|--------------------|------------|-----------------|--------------|----------------|
| | | <i>From</i> | <i>To</i> | |
| Address | | City/State | | |
| Telephone No. | | Hourly Salary | | |
| | | <i>Starting</i> | <i>Final</i> | |
| Job Title | Supervisor | | | |
| Reason for Leaving | | | | |

List any skills, apprenticeship, licenses or certificates that may be job-related or have value to this job i.e.: ASE, ATRA certification

| <i>Name of Provider of Certification/License/Training</i> | <i>Specific Skill Obtained/Learned</i> | <i>Date Obtained</i> | <i>Is Certification/License Still Valid and/or in Effect</i> |
|---|--|----------------------|--|
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Are you proficient in using a **computer**? yes no **Please check all software and/or skills in which you are proficient:**
 Microsoft Word Microsoft Excel Microsoft Power Point Microsoft Outlook
 Email Creating & Saving Computer Files Internet Use Other _____

Have the requirements of this job been explained to you? yes no
 Do you understand the requirements? yes no
 Can you perform the requirements of this job with or without reasonable accommodation? yes no

References Include only individuals familiar with your work ability and/or work related skills. Do Not include relatives.

| <i>Name</i> | <i>Address & Phone Number</i> | <i>Years know & relationship</i> |
|-------------|-----------------------------------|--------------------------------------|
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Comments:

CERTIFICATION AND RELEASE

I hereby certify that I have read and understand this entire application and that the answers I have provided and the statements I have made are complete and true to the best of my knowledge and belief. I understand that any false, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history, education, driving records, etc. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited while employed at this company as is reporting to work under the influence of alcohol or with illegal drugs in my system, and I agree to and I am willing to submit to drug and/or alcohol testing to detect the use of illegal drugs prior to and during employment. I understand that if I become employed, this employment application and any other company personnel manuals and/or policy statements are not contracts of employment. Employment by this company is strictly "At Will" and not for any guaranteed length or period of time, and I and/or my employer may terminate the employment relationship without notice at any time with or without cause.

 Applicant Signature

 Date