



## Personal Information

Name

Address

City

State

Zip

Phone Number

Phone Number

Email Address

Are you legally authorized to work in the U.S.?

Yes

No

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

(Please Note: Any Pre-Employment Drug Screening Test Shall NOT Include a screening for marijuana and/or any other tetrahydrocannabinols (THC) unless this position requires a CDL)

Yes

No

## Position

Position You Are Applying For

Available Start Date

Desired Pay

Employment Desired

Full Time

Part Time

Seasonal/Temporary

## Driver's License Information

Do You Have a Valid Driver's License?

Yes

No

Do You Have Reliable Transportation to Work?

Yes

No

Driver's License Number

State Issued

Exp. Date

Operator

(CDL)

Chauffeur

Do You Have a Clean Driving Record?

Yes

No

## Shift Availability

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

From

To

## Education

School Name

Location

Years Attended

Degree Received

Major

## Special Skill

Please list any special skills, certificates, or licenses:

## Employment History

<b>Employer (1)</b>		Job Title	Contact
Address	City	State	Zip
Work Phone	Email	Date Employed From	Date Employed To
<b>Employer (2)</b>		Job Title	Contact
Address	City	State	Zip
Work Phone	Email	Date Employed From	Date Employed To
<b>Employer (3)</b>		Job Title	Contact
Address	City	Date Employed From	Date Employed To
Work Phone	Email	State	Zip

## References

Name	Relationship	Company	Title	Phone

## Emergency Contact

<b>Name of Emergency Contact</b>			Relationship to You	
Address		City	State	Zip
Daytime Phone Number			Phone Number	

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. I understand and agree that any misrepresentation made by me in this application (and/or in any subsequent interview(s)) will be sufficient cause for cancellation of this application, revocation of any offer of employment, and/or separation from employment if I have become employed.

I understand that, unless I am offered a contract for employment which specifically covers the terms of my employment, including its length and duration, my employment with the Employer is **at-will**\*. My status as an "at-will" employee may not be changed in any way, except through a written document which specifically acknowledges this change, and which has been signed by both me and an authorized executive of the Employer.

**\*At-will employment means I am free to resign at any time, and the Employer is free to terminate my employment at any time, with or without cause and without prior notice.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date