APPLICATION FOR EMPLOYMENT

Company _____

Address _____

City _____ State _____ Zip _____

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____
     Last   First   Middle

Address _____
     Street   City

_____ Phone _____
     State   Zip

ADDRESS FOR PAST THREE YEARS

_____ How Long? _____
     Street   City   State & Zip Code

_____ How Long? _____
     Street   City   State & Zip Code

Do you have the legal right to work in the United States? _____

Are you over the age of 18? _____ If no, can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

_____

If yes, explain if you wish. _____

_____

_____

_____

_____

_____

_____

15F-A
REV. 6/92

EMPLOYMENT HISTORY

Provide employment information for the past 3 years. Attach a sheet if more space is needed.

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO. YR.	REASON FOR LEAVING
CITY STATE ZIP		TO	
PHONE NUMBER		MO. YR.	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO. YR.	REASON FOR LEAVING
CITY STATE ZIP		TO	
PHONE NUMBER		MO. YR.	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO. YR.	REASON FOR LEAVING
CITY STATE ZIP		TO	
PHONE NUMBER		MO. YR.	

EMPLOYER		DATES	POSITION HELD
NAME		FROM	
ADDRESS		MO. YR.	REASON FOR LEAVING
CITY STATE ZIP		TO	
PHONE NUMBER		MO. YR.	

MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ BRANCH _____

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)

EXPERIENCE AND QUALIFICATIONS — DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

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 THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR - TWO TRAILERS _____				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

_____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - PLATFORM

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH _____

LIST PLATFORM EQUIPMENT YOU CAN OPERATE (LIFT TRUCK, ETC) _____

SHOW COURSES OR TRAINING IN PLATFORM WORK _____

EXPERIENCE AND QUALIFICATIONS - MAINTENANCE

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH _____

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK _____

EXPERIENCE AND QUALIFICATIONS - CLERICAL

INDICATE TRAINING AND SHOW EXPERIENCE IN THE FOLLOWING:

*INDICATE WORDS PER MINUTE	TRAINING (CHECK)	YEARS OF EXPERIENCE		TRAINING (CHECK)	YEARS OF EXPERIENCE
Typing *			Rates **		
Shorthand *			OS & D		
Billing			Interline		
TWX			Claims		
PBX			Cashier		
Key Punch Operator			Accounting		
Calculator			Dispatcher		
Dictating Machine Transcriber			Tabulator		
Bookkeeping Machine			Mimeograph		
Adding Machine			** Indicate tariffs with which you		
Other:			have worked		

LIST COURSES AND TRAINING FOR OFFICE WORK _____

EXPERIENCE AND QUALIFICATIONS — OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

_____

_____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

_____

_____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

_____

_____

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, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____   _____
Date   Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____   REJECTED _____

DATE EMPLOYED _____   POINT EMPLOYED _____

DEPARTMENT _____   CLASSIFICATION _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____   FROM: _____ TO: _____
DATE: _____   DATE: _____
REASON FOR TRANSFER _____   REASON FOR TRANSFER _____

FROM: _____ TO: _____   FROM: _____ TO: _____
DATE: _____   DATE: _____
REASON FOR TRANSFER _____   REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____   DEPARTMENT RELEASED FROM _____

DISMISSED _____   VOLUNTARILY QUIT _____   OTHER _____

TERMINATION REPORT PLACED IN FILE _____   SUPERVISOR _____