Application for Employment



TO REORDER FORM C0720 CALL 1 800 ATA-LINE 6/94

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary City State Zip	Company Name					
Signature of Applicant NameFirst	Street Address	······································		1		
Signature of Applicant Name. First Middle Last Phone: (City, State, Zip Code					
Name First Middle Last Phone: (
Name First Middle Last Phone: (
*Current Address Street City State Zip *If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necess Street City State Zip *Street City State Zip *Street City State Zip *Position applying for Temporary Part Time Full Time Who referred you? Rate of pay expected? Have you worked for this company before? Rate of Pay Position Reason for leaving Names of any relatives employed by this company Are you currently employed? If not, how long since leaving last employment? EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Address GENERAL Have you ever been bonded? Answer only if a job requirement) Have you ever been convicted of a felony? fyes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstavill be considered.	Signature of Applicant					
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Street City State Zipt Position applying for	Street			City	State	Zip Code
City State Zipa Position applying for Part Time Full Time Who referred you? Rate of pay expected? To	*If at the above residence less than three years,	list below all residence	s for the past t	hree years. Attac	ch a separate shee	et if necessary.
City State Zipa Position applying for Part Time Full Time Who referred you? Rate of pay expected? To						7:- 0-1
Position applying for	Street		•	City	State	Zip Code
Who referred you? Rate of pay expected? To month/year To month/year	Street			City	State	Zip Code
Who referred you? Rate of pay expected? To month/year To month/year	Position anniving for		Tempe	orarv Par	rt TimeFu	ıll Time
Have you worked for this company before? Dates: From	· ·		_	-		
Rate of Pay Position	•			•		
Names of any relatives employed by this company Are you currently employed? If not, how long since leaving last employment? EDUCATION Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 .ast school attended Name Address GENERAL Have you ever been bonded? Answer only if a job requirement) Have you ever been convicted of a felony? If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment—all circumstavill be considered.					•	
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vill be considered.	Have you ever been convicted of a felony?			· · · · · · · · · · · · · · · · · · ·		<u> </u>
The same worked for this company under another name?		paper. Conviction of a	crime is not ar	automatic bar to	employment—al	l circumstances
1ave you ever worked for this company under allother hame: if so, dider what hame:	Have you ever worked for this company under a	nother name?	If so, under w	hat name?		
Oriver Experience & Qualification			REPORTED AND SHIPS FOR THE TOTAL PROPERTY OF THE STATE OF		A PENNS SALAR MAKANET SENSE RESIDENTAL	
Answer the questions in this section only if applying for driver position	late of Birth (month/day/year) The U.S. Departme	ntol Transportation rec	uures that drive	r appucants state	men date of outb	(924444)

ORIVER EXPERIENCE & QUALIFICATION (cont'd) Answer Licenses	the questions in this section only if applying for driver position.
Drivers State License No.	Class Endorsement(s) Expiration Date
in past 3 years must be shown	
A. Have you ever been denied a license, permit or privilege to a B. Has any license, permit or privilege ever been suspended or	revoked? Yes No
C. Have you ever been disqualified for violations of the Federa If you answered 'ves' to A. B. C. attach a statement giving detail Driving Experience	the strength of the control of the c
Type of Equipment Class of Equipment (Van, Tank, Flat, et	
Tractor and Semi-Trailer. Twin Trailers - LVC's	
Other List states operated in during last five years	energy to
List special courses or training that will help you as a driver	
Accident Review for past 3 years (Attach separate sheet of paper Nature of accident Dates (Head-On, Rear-End Overtu	
Last Accident Next Previous Next Revious	
Traffic Convictions and Forfeitures for the past 3 years other the Location Date	nan parking violations Charge Penalty
2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	
	MENT RECORD four show all employment for the past three years. Effective July, 1987.
they must also show commercial driver employment for the seven yea Start with last or current position, including military experience	rs immediately preceding this year period: \$391.21 (B) (10), (H)
Current Employer Address:	Phone:(
Position Held: Fr Reason for leaving	Communicate Norman
Address Francisco Francisc	Phone:(
Reason-lot-leaving Company: Address Position-Held: Free	Supervisors Name: Phone ()
Position Held: Fro	

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MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work	 	
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Job Function

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
Drive Line Components			Body Work		
Diesel Engine Tune-up and Rebuild			Electrical Repair		
Gas Engine Tune-up and Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

Shop Equipment

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experiences
			Time Servicing Machine		
Electrical Diagnostic Equipment			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Defector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder	4,		Noise Measuring Equipment		
Paint Spray Gun			Smoke Measuring Equipment		
Air Conditioning			Inspections		
			General Car Repair		

CLERICAL EXPERIENCE & QUALIFICATIONS

List Courses and Training in Office Work _____

Indicate training and experience in the following:	Formal Training (Check)	Years of Experience.		Formal Training (Check)	Years of Experience
Typing (wpm)	-		Dictating Machine	7	
Shorthand (wpm)			Bookkeeping Machine		
Billing	1		Switchboard Equipment		
Filing			(indicate type)		
Computers (indicate Software)			Tabulator		
Word processing Equipment			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		· · · · · · · · · · · · · · · · · · ·
Photocopier			Dispatcher		

Rates (indicate tariffs with which you have worked)

List types of platform experience						
List platform equipment you can	n operate (lift truck	, etc.)	·			
List courses or training in platfo	rm work					
,	AP	PLICANT I	MUST F	EAD AND SIGN		***************************************
I certify that I have read and unde investigate my background to asce release employers and other perso that, as an applicant for a position pertinent to the job. I also underst	rstood all of this emertain any and all in ns named herein fro with this company,	ployment a formation of om all liabili I may be as	pplication f concern ty for any sked to de	n. It is agreed and under to my employment his damages on account of monstrate that I am car	tory, wheth of furnishing pable of per	er same is of record or not, and g such information. I understar forming tasks which are
I further certify that I am a genuin employment with the employer an	e applicant for empl d for no other reaso	loyment and n.	this app	lication is being submit	ted solely f	or the purpose of seeking
It is also agreed and understood the include and investigative Consumer mode of living.	at under the Fair Cr er Report, including	edit Reporti information	ng Act, f i regardir	ublic Law 91-508, I hang my character, genera	ive been tole il reputation	d that this investigation may a, personal characteristics, and
I agree to furnish such additional is	nformation and com	plete such e	examinati	ons as may be required	to complet	e my employment file.
I also understand that misrepresent						
If hired, I agree to abide by all the						
This certifies that this application valuedge.		• •		on it and information	in it are true	and complete to the best of my
Date	<u> </u>			Applicant Signature		
Applicant Hired? Yes Date Employed Department (If not hired, summary report of reaso IN CASE OF EMERGENCY NO Address	ons should be placed			Point Emplo	yed n	(month/day/year)
		•	ueses e d	OFFIGER OR GOLERA		
inio ocuitor	Superior	Good	Fair	DEFICER OR COMPA		
1. Application	Superior		1 411	Below Average	Poor	Written Record on File
2. Interview						
3. Physical Exam*						
4. Past Employment 5. Written Exam			· · ·			
6. Road Test		<u> </u>				
7. Policy and Traffic Record						
*driver applicants only	ruiquing Officer					
Signature of thic	siviewing Officer_	70	AUGEEN			Date
From: To:			ANSFER	-		
Date:				To:		
Reason for Transfer				r Transfer		· · · · · · · · · · · · · · · · · · ·
	TEI	RMINATIO	V OF EM	PLOYMENT		
Date Terminated	Department Rele	ased From				
Dismissed	Volu	ntarily Ouit			Other	
Termination Report Placed in File.						