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| **TRUCK DRIVER EMPLOYEMENT APPLICATION** | | | | | | | | | | | | **<Name of Company** <Address> <Address> <Telephone Number> <Website Address> | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All persons shall have the opportunity to be considered for employment without regard to their race, creed, color, religion, national origin or ancestry, citizenship, age, sex, non-jpb related handicap or disability, marital status, liability for service in the Armed Forces of the United States, or any other characteristic protected by applicable federal state or local laws. This company will endeavor to make a reasonable accommodation to know physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation would impose an undue hardship on our business. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | POSITION APPLIED FOR | | | | | | | DATE OF APPLICATION | | | | | | | | | |
| John Smith | | | | | | | | | | | 8 Wheeler Truck Driver | | | | | | | mm/dd/yyyy | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8213 Lakeview Dr., Schenectady, NY 12302 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL. NO. (HOME) | TEL. NO. (MOBILE) | | | | EMAIL ADDRESS | | | | | | | | | | | | | SOCIAL SECURITY NO. | | | | | | | | | |
| <Tel. No.> | <Mobile No.> | | | | johnsmith@domain.com | | | | | | | | | | | | | <Socuak Security No.> | | | | | | | | | |
| DRIVER'S LICENSE NO. | | | | | VALIDITY DATE | | | | | | | | | PLACE OF ISSUE | | | | | | | | | | | | | |
| <Driver's License No.> | | | | | mm/dd/yyyy | | | | | | | | | <Place of Issue> | | | | | | | | | | | | | |
| **Complete address for the past 3 years** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | Period | | | | | | | | | | | |
| <Address> | | | | | | | | | | | | | | | | | | | | <YYYY> | | | | | <YYYY> | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |
| Are you legally eligible for employment in this country? | | | | | | | | | | | |  Yes  No | | | | | | |  | | | | |  | |  | |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Can you provide proof of age? | | | | | | | | | | | |  Yes  No | | | |
| Have you filed an application here before? | | | | | | | | | | | |  Yes  No | | | If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Have you ever been employed here before? | | | | | | | | | | | |  Yes  No | | | If Yes, give date \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| If Yes, reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you now employed? | | | |  Yes  No | | | | If No, how long since leaving last employer> \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| CURRENT EMPLOYER | | | | | | | | | SUPERVISOR NAME | | | | | | | | | | | | CONTACT NO. | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | |
| Are you on a lay-off and subject to recall? | | | | | | |  | | |  Yes  No | | | | | | | | | | | | | | | | | |
| Can you travel if a job requires it? | | | | | | |  | | |  Yes  No | | | | | | | | | | | | | | | | | |
| What is your desired salary range? | | | | | | |  | | | $ 50- $60 / hour | | | | | | | | | | | | | |  | | | |
| On what date would you be available for work? | | | | | | | | | | mm/dd/yyyy | | | | | | | | | | | | | |  | | | |
| **Character Reference** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Company | | | | | | | | | | | Title | | | | | | | | | | Contact Number | | | | |
| <Name> | | | <Company> | | | | | | | | | | <Title> | | | | | | | | | | <Contact No.> | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | |
| I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous may be ground for dismissal. | | | | | |  | | | | | | | | | | |  | | | | | mm/dd/yyyy | | | | |
|  | | | | |
|  | | | | |
| SIGNATURE | | | | | | | | | | |  | | | | | DATE | | | | |