

EMPLOYMENT APPLICATION - Driver

(Overtime, Holidays, & Weekends required)

INSTRUCTIONS: Please complete all questions. Print everything except Signature.

NAME: (Last) (First) (Middle)	Date of Application:
ADDRESS: (Street) (City) (State) (Zip)	Desired Wage:
HOME TELEPHONE # : ()	Availability DAYS: _____ NIGHTS: _____ WEEKENDS: _____ HOLIDAYS: _____
CELL OR MESSAGE # : ()	
SOCIAL SECURITY # :	
Valid Drivers License? YES _____ NO _____ What State? _____	

Drivers License Number: _____ CDL # : _____

Briefly Summarize your Driving and/or other related experience:

EMPLOYMENT RECORD

Please account for all time for the past 10 years, whether working or not. Start with most recent experience or employment. Attach resume if available.

From: mo/yr	Name and Address of Employer	Phone: ()	Pay Rate:	Name of Supervisor:
		Position Held:	\$ _____	
To: mo/yr		Why did you leave?	Per Hr	May we Contact?
				YES: NO:

From: mo/yr	Name and Address of Employer	Phone: ()	Pay Rate:	Name of Supervisor:
		Position Held:	\$ _____	
To: mo/yr		Why did you leave?	Per Hr	May we Contact?
				YES: NO:

From: mo/yr	Name and Address of Employer	Phone: ()	Pay Rate:	Name of Supervisor:
		Position Held:	\$ _____	
To: mo/yr		Why did you leave?	Per Hr	May we Contact?
				YES: NO:

From: mo/yr	Name and Address of Employer	Phone: ()	Pay Rate:	Name of Supervisor:
		Position Held:	\$ _____	
To: mo/yr		Why did you leave?	Per Hr	May we Contact?
				YES: NO:

From: mo/yr	Name and Address of Employer	Phone: ()	Pay Rate:	Name of Supervisor:
		Position Held:	\$ _____	
To: mo/yr		Why did you leave?	Per Hr	May we Contact?
				YES: NO:

We are an Equal Opportunity Employer. We do not Discriminate in employment because of race, creed, color, religion, sex, national origin, ancestry, age, disability, or veteran status. All information you supply will be kept in confidence and will not be used to discriminate against you in any unlawful manner. We voluntarily comply with all of our Human Resource responsibilities, including applicable laws and regulations.

EDUCATIONAL RECORD

Level	Name of School and Address	Major or Field of Study	Graduate? (Yes or No)
High School			
College/University			
Graduate School			
Technical or Bus. School			

DESCRIBE ANY SPECIAL TRAINING OR COURSES YOU HAVE HAD THAT RELATE TO THIS POSITION.

WHY DO YOU FEEL YOU ARE QUALIFIED FOR THIS POSITION?

EMERGENCY CONTACT

In case of emergency, notify: _____
Name Relationship Phone

How were you referred to us? Newspaper: _____ Friend: _____ Agency: _____ Flyer: _____
Have you been convicted of a felony within the last 7 years? No _____ Yes _____. If Yes, Explain:

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING

I certify that the information provided by me in this Employment Application is true and complete. I agree that my employment with this company may be immediately discontinued if omissions, false statements, or misrepresentations are found to be made. I understand that I must provide proof of United States citizenship, as well as other additional information for employee record purposes. I will comply with all company policies, rules, and procedures.

If employed, I authorize Southwest Safety Services to deduct from my earning amounts sufficient to cover any financial liability which I may incur during my employment. This includes, but not limited to, damage to or loss of company property, optional insurance premiums, and equipment and supplies.

Signed: _____ Date: _____