

Application for Employment

The Outbound Group

Signature of Applicant _____ Date _____

Name _____ Phone (____) _____
First Middle Last

*Current Address _____
Street City State Zip Code

* If the above residence is less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street City State Zip Code

Street City State Zip Code

Street City State Zip Code

Position Applying for _____ Temporary _____ Part Time _____ Full Time _____

Who referred you? _____ Rate of pay expected? _____

Have you worked for this company before? _____ Dates: From _____ To _____
month/year month/year

Where? _____ 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

GENERAL

Have you ever been bonded? _____ Name of bonding company _____
(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 circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

Driver Experience & Qualification

Answer the questions in this section only if applying for a driver position.

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth (§391.21(b)(2))
month/day/year

Social Security No. ____ - ____ - ____

Driver Experience & Qualification (cont'd) Answer the following questions in this section only if applying for a driver position

Licenses

Drivers Licenses held in past 3 years must be shown.	State	License No.	Class	Endorsement(s)	Expiration Date	

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 _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered "yes" to A,B,C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers - LCV's				
Other				

List states operated in during last five years _____

List special courses of training that will help you as a driver _____

List driving awards and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Previous Accident			
Previous Accident			
Previous Accident			

Traffic Convictions and Forfeitures for the past three years other than parking violations

Location	Date	Charge	Penalty

Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the seven years immediately preceding this three year period. § 391.21(b)(10)(11)

Current Employer: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

Company: _____ Supervisor's Full Name: _____

Full Address: _____ Zip: _____ Phone: () _____

Position Held: _____ From: _____ To: _____ Salary: _____
month/year month/year

Reason for leaving: _____

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Job Function

Indicate training and experience in the following	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
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 (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

Shop Equipment

Indicate training and experience in the following	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Diagnostic Equipment(Type(s))			Tire Servicing		
			Wheel & Tire Balancing Machine		
Sheet Metal Equipment			Tire Recapping		
Frame & Axle Straightening Equipment			Engine Dynamometer		
Engine Rebuilding			Chassis Dynamometer		
Diesel Injection Equipment			Magnetic Crack Detector		
Electric Welder			Engine Analyzer		
Oxycetylene Welder			Noise Measuring Equipment		
Paint Spray Gun			Emissions/Smoke Testing		
Air Conditioning (Cab)			Inspections (State/Federal)		
Refrigeration (Cargo)			General Car Repair		

ASE Certification(s) (specify) _____

CLERICAL EXPERIENCE & QUALIFICATIONS

List courses and training in office work _____

Indicate training and experience in the following	Formal Training	Years of Experience	Area	Formal Training	Years of Experience
Typing (wpm)			Dictating Machine		
Shorthand (wpm)			Bookkeeping Machine		
Billing			Switchboard Equipment (indicate type)		
Filing					
Computers (software)			Tabulator		
Word Processing Equip.			Accounting		
Key Punch			OS & D		
Calculator			Interline		
Adding Machine			Claims		
Telecopier			Cashier		
Photocopier			Dispatcher		

Rates(indicate tariffs which you have worked with) _____

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift, truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of any information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date

_____ Applicant Signature

**FOR OFFICE USE - DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? _____ Yes _____ No _____
Date Employed: _____
Department: _____
(If not hired, summary report of reasons should be placed in file)

Date of Birth: _____ (month/day/year)*
Point Employed: _____
Classification: _____

IN CASE OF EMERGENCY NOTIFY: _____ Phone _____
Address: _____

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. Physical Exam*						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

TRANSFERS

From: _____ To: _____
Date: _____
Reason for Transfer: _____

From: _____ To: _____
Date: _____
Reason for Transfer: _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____ Department Released From _____
Dismissed: _____ Voluntarily Quit: _____ Other: _____
Termination Report Placed in File: _____ Supervisor: _____