



## APPLICATION FOR EMPLOYMENT

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race,color, religion, age, marital or veteran's status, sex, national origin or the presence of a disability or any other legally protected status.

### PERSONAL INFORMATION

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ Home or Nearest Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Emergency Phone: ( ) \_\_\_\_\_

If at present address less than one year, please give previous addresses for past three years:

No.	Street	City	State	Zip	How long lived there?

Are you at least 18 years of age?  yes  no If no, employment is subject to verification that you are of minimum legal age.

Can you produce documented proof of your identity and eligibility for employment in the United States?  yes  no

Position applied for: \_\_\_\_\_ How soon could you start? \_\_\_\_\_

Type of employment:  full time  part time  temporary Rate of pay expected: \_\_\_\_\_

If part time, what days and hours could you work? Days \_\_\_\_\_ Hours: (AM) \_\_\_\_\_ to \_\_\_\_\_ (PM)

Typing? (WPM) \_\_\_\_\_ Other clerical skills? \_\_\_\_\_

### EMPLOYMENT HISTORY

Have you ever applied for a job with us before?  yes  no Have you ever worked for us before?  yes  no

How did you come to apply?  Employee Referral  Former Employee  Newspaper ad  Walk-in  
 Other \_\_\_\_\_

Have you ever been bonded?  yes  no Have you ever been refused a bond?  yes  no

If yes, state reason and date: \_\_\_\_\_

Have you ever served in the US Armed Forces?  yes  no If yes, branch: \_\_\_\_\_

Date entered: \_\_\_\_\_ Discharged: \_\_\_\_\_

Have you ever been convicted of a crime, with the exception of a minor traffic violation?  yes  no

If yes, provide date, court and place where offense occurred: \_\_\_\_\_

(A conviction may not necessarily disqualify you from employment.)

Have you ever been discharged or asked to resign from a position?  yes  no Are you employed now?  yes  no

If yes, may we contact your employer?  yes  no

Why do you desire to make a change? \_\_\_\_\_



# EDUCATION

Type of School	Name and Address of School	Course Majored In	Last Year Completed	Graduated? Degree?
Elementary			5 6 7 8	
High School			9 10 11 12	<input type="checkbox"/> yes <input type="checkbox"/> no
College			1 2 3 4	<input type="checkbox"/> yes <input type="checkbox"/> no

Please provide any additional information such as special skills, training, management experience, equipment operation, sales courses, additional sales training, or qualifications that you feel will be helpful to us in considering your application: \_\_\_\_\_

## REFERENCES *(Do not list relatives or former employers.)*

- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## PRIOR WORK RECORD

**(Start with most recent employer and complete each in full.)**

**Driver applicants:** List the following information for EACH employer during the past three (3) years. If you were an owner-operator, list the name of the carrier you were leased to. Attach an additional page if necessary.)

- Name of most recent or current employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Immediate supervisor (name and position): \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_ Date Left: \_\_\_\_\_ Last Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  yes  no
- Name of most recent or current employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Immediate supervisor (name and position): \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_ Date Left: \_\_\_\_\_ Last Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  yes  no
- Name of most recent or current employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
Immediate supervisor (name and position): \_\_\_\_\_ Date Hired: \_\_\_\_\_ Starting Rate: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_ Date Left: \_\_\_\_\_ Last Rate: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ May we contact this employer?  yes  no

## DRIVER APPLICANTS PRIOR WORK RECORD

Did you have any commercial driving experience more than three years ago?  yes  no

- Name and address: \_\_\_\_\_  
Date from: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
- Name and address: \_\_\_\_\_  
Date from: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_
- Name and address: \_\_\_\_\_  
Date from: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

# DRIVER APPLICANTS

How many Motor Vehicle Operators' licenses or permits do you have?: \_\_\_\_\_

State of Issue: \_\_\_\_\_ No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## DRIVING EXPERIENCE:

Type of Truck You Drove	No. of Years	Approx. Miles	Type of Truck You Drove	No. of Years	Approx. Miles
Refrigerated Semi Trailer			Full Trailer (Doubles)		
Dry Van Semi Trailer			Bus		
Flatbed Semi trailer			Truck (meaning "straight or "bob" truck)		
Pole Trailer			Other		
Cargo Truck Semi Trailer					

### LIST EACH ACCIDENT YOU WERE INVOLVED IN DURING THE PAST THREE YEARS:

Date	Location	Nature of the Accident (such as "sideswipe," "rearended another," etc.)	No. of Fatalities	No. of Injuries	Were you driving a commercial vehicle?

### LIST EACH VIOLATION OF MOTOR VEHICLE LAWS OR ORDINANCES (OTHER THAN PARKING) DURING THE PAST THREE YEARS:

Date	Violation	Location	Were you driving a commercial vehicle?

HAVE YOU EVER HAD A DRIVERS LICENSE, PERMIT OR PRIVILEGE DENIED, REVOKED OR SUSPENDED?  yes  no

IF YES, LIST DETAILS: \_\_\_\_\_

\_\_\_\_\_

Are you 21 years of age or older?  yes  no (Section 391.21 D.O.T)

In The Following Space, Give Any Information Too Lengthy For The Spaces Above. You May Also Use It For Any Useful Comments Or Information You Wish To Add: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **JOB APPLICANT'S AGREEMENT AND CERTIFICATION**

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, doctors, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Blevins, Inc. and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Blevins, Inc. unless made in writing. If an employment relationship is established, I understand I have the right to terminate my employment at any time and that Blevins, Inc. retains the same right."

"If an offer of employment is made, I agree to submit to a drug test, and understand that my subsequent employment will be contingent on the results of the drug test."

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures."

### **NOTICE TO APPLICANTS**

If you require an accommodation because of physical or mental disability in order to participate in any phase of the application process, please make that fact known to the individual processing your application.

If you are required to take any pre-employment screening tests, and you require an accommodation because of a physical or mental disability to enable you to take or successfully complete such a test, please make that fact known in advance to the test administrator.

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Signature of Applicant

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Date