

APPLICATION FOR EMPLOYMENT

CDL# _____

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status. All offers of employment are contingent on applicant passing a job-related physical examination.

PERSONAL INFORMATION

Last Name		First Name	Middle	Social Security Number
Address		City		State Zip
Phone Number	Position and Wage Desired		Date you can start	Are you 18 or older?

EDUCATION

	Name and Location	Year Completed - Graduate?	Studies/Degree
GRAMMAR SCHOOL		K 1 2 3 4 5 6 7 8	
HIGH SCHOOL		1 2 3 4 Yes No	
COLLEGE		1 2 3 4 Yes No	
TRADE OR BUSINESS		1 2 3 4 Yes No	

FORMER EMPLOYMENT

List below your last employers or major periods of unemployment, (1 month or more) starting with the last one first.

Date Month Year	Name and Address of Employer or Unemployment	Salary On Leaving	Position	Reason For Leaving
From To				
From To				
From To				
From To				

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	Address/Phone	Position	Years Acquainted

Are you able to perform the tasks of the job applied for? ☐ Yes ☐ No (This may be with or without accommodation.)
Hire may be subject to passing a medical examination and/or to skill and agility tests.

Felony: Have you ever been convicted of a felony or have a case pending? ☐ Yes ☐ No A conviction will not necessarily disqualify you from employment.

AUTHORIZATION I authorize investigation on all statements contained in this application. I understand that misrepresentation of any information supplied in the application process is cause for dismissal. Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without any previous notice. I also accept the employer's right to enter into an Alternative Dispute Resolution Procedure to resolve employment disputes.

Signature and Date	I-9 Form	Physical/Drug Test	Drivers License #
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In Case of Emergency Notify:

Name/Address/Phone

Note: Applications are effective for a period of 60 calendar days. Re-apply to maintain an effective application.

EMPLOYMENT BACKGROUND REVIEW

Do Not Write Below This Line. For Office Use Only!

Employer Reference Checks

Former Employer	Phone Number	Contact Person	Response

Individual References

Reference Individual	Phone Number	Contact Person	Response

Interview

Interviewer:

Date of Interview

Remarks:

Ability:

Neatness:

Hired? ☐ Yes ☐ No

Position:

Department:

Starting
Wage:

Promised
Increases
& Dates:

Date Reported To Work:

Approvals

General Manager

Department Head

Supervisor/Foreman

Personnel


Date

Date

Date

Date

February 8, 1996

 Pacific Employers