



Application for Employment

Position applied for: _____

Name:

First

M.I.

Last

Address:

Street

City

State

Zip

How Long?

Telephone #

Cell Phone #

Social Security #

(NOTE: Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment)

WORK HISTORY

(Attach an additional sheet if more space is needed)

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

May we contact your present employer? Yes _____ No _____

Job Title:

Dates (mo/yr) _____ to (mo/yr) _____

Employer:

Phone:

Address:

Street

City

State

Zip

Type of Business:

Immediate Supervisor:

Name

Title

Reason for Leaving:

Job Title:

Dates (mo/yr) _____ to (mo/yr) _____

Employer:

Phone:

Address:

Street

City

State

Zip

Type of Business:

Immediate Supervisor:

Name

Title

Reason for Leaving:

Job Title:

Dates (mo/yr) _____ to (mo/yr) _____

Employer:

Phone:

Address:

Street

City

State

Zip

Type of Business:

Immediate Supervisor:

Name

Title

Reason for Leaving:

Job Title: _____

Dates (mo/yr) _____ to (mo/yr) _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip

Type of Business: _____ Immediate Supervisor: _____
Name Title

Reason for Leaving: _____

EDUCATION

Highest grade completed: _____

If you did not complete high school, do you have a high school equivalency diploma? Yes _____ No _____

Number of years of post high school education: _____

Name and location of institution	Hours	Degree Received
_____	_____	_____
_____	_____	_____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops and special achievements or specialized skills: _____

License (to include driver's), certificate or other authorization to practice a trade or profession	Type	License Number	Granted by
_____	_____	_____	_____

- What shift will you accept? Day _____ Evening _____ Night _____ Rotating _____ Weekends _____
- What is your desired rate of pay? _____
- What job status will you accept? Full Time _____ Part Time _____
- Are you willing to provide your own transportation if required by your job? Yes _____ No _____
- For Purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes _____ No _____ . Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- Have you ever been convicted for any violation(s) of law, including moving traffic violations? Yes _____ No _____. If yes, please provide the following:

Description of offense _____	Date of charge _____
Date of Conviction _____	County, City, State of Conviction _____

I hereby certify that all entries on this application and any attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment with Capurro Trucking. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application.

Date _____ Signature _____