



Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last Name _____ First Name _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Home Number _____ Cell Number _____

Social Security # _____

Employment position _____

How did you hear about this position? _____

When can you start? _____ Desire wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? You may be required to provide documentation. Yes No

Are you looking for full-time employment? Yes No If no, what hours are you available?

If applicable, are you willing to work night shift? Yes No

Have you ever worked at Tri-State Truck Center, Inc. before? Yes No If so, please give dates and position. _____

If a driver's or commercial driver's license is required for the position for which you are applying, do you have a valid license? Yes No



Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No
If yes, please describe conditions _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Trade School	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?



Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? Yes No

Responsibilities _____

Reason for leaving _____



I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that any false statements on this application will result in my not being considered for employment. If I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational, employment history and background check which may or may not include credit history and criminal records.

I understand that employment at this company is “at will,” which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for no reason or for any reason not prohibited by law. All employment is contingent on that basis. I understand that no supervisor, manager, or executive of this company, other than the president and chief executive officer, in writing, has any authority to alter the foregoing.

Signature _____ Date _____