

# SHOP APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED WITHOUT REGARD TO RACE, CREED, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN, OR DISABILITY.

Position applying for  Mechanic  Wash Tech

## Dave Evans Transports, Inc.

### PERSONAL DESCRIPTION

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NO \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER(\_\_\_\_\_) \_\_\_\_\_ IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
AREA NAME & PHONE NUMBER

### EXPERIENCE AND QUALIFICATIONS

VALID DRIVER'S LICENSE NUMBER \_\_\_\_\_ IN WHAT STATE \_\_\_\_\_ EXPIRES ON \_\_\_\_\_

LICENSE TYPE (CDL, CLASS A, ETC.) \_\_\_\_\_ LIST CDL ENDORSEMENTS \_\_\_\_\_

### EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

OTHER TRAINING \_\_\_\_\_

ARE YOU NOW EMPLOYED \_\_\_\_\_ WHEN WILL YOU BE AVAILABLE \_\_\_\_\_

WHAT HOURS ARE YOU ABLE TO WORK? MORNING AFTERNOONS EVENINGS WEEKENDS ANYTIME

COMMENTS \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTY BECAUSE OF IMMIGRATION

STATUS? \_\_\_\_\_ EXPLAIN \_\_\_\_\_

### EMPLOYMENT HISTORY

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ WHEN \_\_\_\_\_  
FROM AND TO

POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**MOST RECENT EMPLOYER:**

NAME \_\_\_\_\_ PHONE NUMBER(\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ Wage \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

**2<sup>ND</sup> MOST RECENT EMPLOYER:**

NAME \_\_\_\_\_ PHONE NUMBER(\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ Wage \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

**3<sup>RD</sup> MOST RECENT EMPLOYER:**

NAME \_\_\_\_\_ PHONE NUMBER(\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
FROM \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ POSITION \_\_\_\_\_ Wage \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

**NOTICE TO APPLICANT**

APPLICANT- IF EMPLOYER HAS NOT EXPLAINED OR GIVEN A JOB DESCRIPTION MAKE SURE ONE IS GIVEN TO YOU AND THAT YOU FULLY UNDERSTAND WHAT IS EXPECTED OF YOU PRIOR TO ANSWERING THE FOLLOWING TWO QUESTIONS.

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? \_\_\_\_\_

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUST BE READ AND SIGNED BY APPLICANT**

I AGREE AND UNDERSTAND THAT ANY MISREPRESENTATIONS OF INFORMATION GIVEN ABOVE SHALL BE CONSIDERED AN ACT OF FALSIFICATION. I AGREE AND UNDERSTAND THAT THE EMPLOYER OR HIS AGENTS MAY INVESTIGATE MY BACKGROUND TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO MY EMPLOYMENT IS FACTUAL.

I AGREE AND UNDERSTAND THAT IF HIRED, I WILL BE ON A PROBATIONARY PERIOD DURING WHICH TIME I MAY BE DISCHARGED WITHOUT RECOURSE. 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

\_\_\_\_\_  
APPLICANTS SIGNATURE

**OFFICE USE ONLY**

1ST EMPLOYER CONTACTED \_\_\_\_\_  
2ND EMPLOYER CONTACTED \_\_\_\_\_  
3RD EMPLOYER CONTACTED \_\_\_\_\_

## PREVIOUS EMPLOYER INFORMATION REQUEST

You are authorized to give/release to Dave Evans Transports, Inc. all information regarding my services, character, conduct, accidents, workman's compensation, drug & alcohol testing and results while I was in your employ. You are released from all liability by furnishing the requested information.

\_\_\_\_\_  
(Former Employer) (Date)

\_\_\_\_\_  
(Dave Evans Transports Witness) (Applicant Sign HERE ONLY) (Date)

.....  
**APPLICANT: DO NOT WRITE BELOW THIS LINE**

**APPLICANT:** Name \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

.....  
**TO BE COMPLETED BY PREVIOUS EMPLOYER**

1. Please list dates employed: \_\_\_\_\_ to \_\_\_\_\_
2. Reason for Leaving?  Resigned  Laid Off  Discharged  Other  
If discharged, why? \_\_\_\_\_
3. Would you rehire  Yes  No  Review Required
4. Job Position: \_\_\_\_\_
5. Equipment Operated (If Applicable): \_\_\_\_\_
6. Any Workman's Compensation Claims? \_\_\_\_\_

.....  
Completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(All information shall be held in strict confidence)

Please complete and fax to (715)392-5755

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> Request \_\_\_\_\_