

APPLICATION FOR EMPLOYMENT

In compliance with applicable laws, this company does not discriminate on the basis of age, sex, race, color, religion, marital status, sexual orientation, national origin, alienage or citizenship status, disability, genetic predisposition or carrier status, Vietnam era/disabled veteran status, or any other characteristic protected by law.

Date: _____

Personal Information

Applicant's Name:

(First) (Middle) (Last)

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Social Security: _____ E-mail address: _____

Driver License Information

License Number: _____ State Issued: _____ Expires: _____

Endorsements

Please check all the boxes pertaining to your license:

What is your current CDL License Class: A B C None

Do you have a hazardous material endorsement Yes No

What types of trucks have you operated?



Safety Record (please check box)

Have you had any accident in the last 3 years? Yes No

Have you had any tickets in the last 3 years? Yes No

Have you had a DWI or DUI? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever had your license revoked or suspended? Yes No

If the answer is yes to ANY question, state details, circumstances, and date:

1. _____

2. _____

3. _____

Employment History

Present Employer

Company Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Phone: _____ Name of Immediate Supervisor: _____

Position Held: _____ Employment Dates: To _____ From _____

Reason why you are looking to leave:

Previous Employer 1

List most recent previous employer first

Company Name: _____

Address: _____ City: _____ State: _____



Zip Code: _____

Phone: _____ Name of Immediate Supervisor: _____

Position Held: _____ Employment Dates: To _____ From _____

Reason why you left:

Previous Employer 2

List most recent previous employer first

Company Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Phone: _____ Name of Immediate Supervisor: _____

Position Held: _____ Employment Dates: To _____ From _____

Reason why you left:

Previous Employer 3

List most recent previous employer first

Company Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Phone: _____ Name of Immediate Supervisor: _____

Position Held: _____ Employment Dates: To _____ From _____

Reason why you left:



Can you perform the essential job-related functions (lifting heavy materials, etc)?

Yes or No (circle)

Please state any comments, awards, knowledge, skills or abilities pertaining to the position

I certify that I personally completed this application and that all of the information is true and correct. I hereby authorize Gray Brothers, Inc. to conduct, at any time, an investigation of my background for employment purposes, which may include, but is not limited to, any information relating to my character, general reputation, personal characteristics, mode of living, criminal history, past work experience, educational background, alcohol or drug test results, or failure to submit to an alcohol or drug test, or any other information about me which may reflect upon my potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I have completed this application of my own free will and hold Gray Brothers, Inc. harmless of all liability for providing this application for my use.

Applicant's Signature

Date