

BAROLE TRUCKING, INC APPLICATION FOR EMPLOYMENT

BarOle Trucking, Inc considers applications for all positions, without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status; or any other legally protected status.

DATE OF APPLICATION: ___/___/___

POSITION APPLIED FOR: _____

PERSONAL INFORMATION

NAME: (Last, First, Middle Initial) _____ Please print	SOCIAL SECURITY NUMBER _____-_____-_____
HOME ADDRESS Street address _____ City _____ State _____ Zip code _____	PHONE NUMBERS: Home: () _____ - _____ Cell: () _____ - _____

EMPLOYMENT DESIRED

POSITION TITLE	HOW DID YOU LEARN OF POSITION	DATE YOU CAN BEGIN	SALARY DESIRED

Best time to contact you at home is: _____:___am/pm

If you are under 18 years of age, can you provide required proof of eligibility to work: _____yes _____no

Have you ever filled out an application with us before? _____yes _____no

If yes, when _____

Have you ever been employed with us before? _____yes _____no

If yes, when _____

Do any of your friends or relatives work here? _____yes _____no

If yes, state name and relationship

Are you currently employed: _____yes _____no

If yes, may we contact your present employer..... _____yes _____no

Are you currently on lay-off status, subject to recall? _____yes _____no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____yes _____no

Proof of citizenship or immigration status will be required upon first day of employment

EDUCATION HISTORY

SCHOOL	NAME/LOCATION	COURSE OF STUDY	# YRS	DIPLOMA/DEGREE?
High School				
College				
Trade, Business Correspondence				
Other				

We are an Equal Opportunity Employer

WORK EXPERIENCE (Begin with most recent)

Month and Year	Name/Location & Phone # of Employer	Ending Salary	Position/Duties	Reason for Leaving
From: To:	Name: Location: Phone:			
From: To:	Name: Location: Phone:			
From: To:	Name: Location: Phone:			
From: To:	Name: Location: Phone:			

LIST ANY GAPS IN EMPLOYMENT, ALONG WITH EXPLANATION

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LIST ANY SPECIAL ACQUIRED SKILLS OR TRAINING YOU POSSESS

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REFERENCES (Personal/Professional) Do not include relatives or past supervisors

Name (Please print)	Phone Number	Relationship	Years Known

APPLICANT'S STATEMENT

<p>I certify that answers given herein are true and complete.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Veterans Truck & Trailer Service. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s), may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.</p> <p style="text-align: center;">_____</p> <p>_____/_____/_____ Signature of applicant</p> <p style="text-align: right;">Date</p>

SUPERVISOR'S SUPPLEMENT TO APPLICATION (TO BE FILLED OUT AT INTERVIEW)