



APPLICATION FOR EMPLOYMENT

The company is an equal opportunity employer. As such, we provide employment opportunities without regard to race, color, religion, national origin, gender, age disability, veteran status, military service or other characteristics protected by law.

Answer all questions on the Application. Incomplete Applications may not be considered. Please PRINT your answers.

PERSONAL INFORMATION

Full Name Last First Middle

Other Names by which you have been known

Current Address: Street/Apt Number/PO Box City State Zip

If you have lived at your current address for less than 3 years, please give your previous address:

Street/Apt Number/PO Box City State Zip

Home Phone: ( ) - Cell Phone: ( ) - E-Mail Address: @

Are you authorized to work in the U.S.? Yes No

Have you applied for employment with the company before? Yes No If so, when? Date Location

Have you ever worked for this company or any of its affiliates before? Yes No

If so: Dates From To Location Position

Reason for leaving:

Are you related (by blood, marriage or law) to anyone who works for the company? Yes No

If so: Name Location Position Relationship

POSITION SOUGHT

Position(s) Applied For: Rate of Pay Expected:\$ /hr or yr

Are You Currently Employed? Yes No Days Available to Work (check all that apply) Mon Tue Wed Thu Fri Sat Sun

Overtime Availability: Weekdays? Yes No Weekends? Yes No

Location(s) Preferred: Date You Are Available to Begin Work: / /

How were you referred to us? (circle) Advertisement WebSite Current Employee Other

If referred by current employee, First and Last Name Location

**EMPLOYMENT HISTORY - ALL POSITIONS**

List your employment history, including military service, starting with your present status. All periods of unemployment must be identified as "Unemployed" and dates of unemployment identified. Do not leave time gaps. **We need a minimum of 10 years of employment history.** If necessary, use Supplemental Employment History form to provide all information.

**1.** Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_

Address/Phone Number of location where you worked \_\_\_\_\_

Street Number                      City                      State                      Phone

Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Last Pay Rate \_\_\_\_\_

**2.** Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_

Address/Phone Number of location where you worked \_\_\_\_\_

Street Number                      City                      State                      Phone

Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Last Pay Rate \_\_\_\_\_

**3.** Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_

Address/Phone Number of location where you worked \_\_\_\_\_

Street Number                      City                      State                      Phone

Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Last Pay Rate \_\_\_\_\_

**4.** Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_

Address/Phone Number of location where you worked \_\_\_\_\_

Street Number                      City                      State                      Phone

Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Last Pay Rate \_\_\_\_\_

**ADDITIONAL EMPLOYMENT HISTORY INFORMATION**

- 1.** Have you ever been involuntarily terminated or asked to resign from employment?      Yes      No
- 2.** If so, give the name of the employer, dates of employment, position held and reason for termination/resignation request \_\_\_\_\_  
\_\_\_\_\_
- 3.** Have you ever been counseled, disciplined, terminated or asked to resign as a result of a reported workplace harassment, fighting/assault, violation of safety rules or other inappropriate behavior?      Yes      No
- 4.** If so, give the name of the employer, date and description of the incident:  
\_\_\_\_\_  
\_\_\_\_\_
- 5.** May we contact your current employer?      Yes      No

**EDUCATION - ALL POSITIONS**

<b>Education Level</b>	<b>Name and Location</b>	<b>Yrs Completed (Circle Highest)</b>	<b>Did You Graduate (Circle One)</b>		<b>If so, Degree</b>
High School	_____	9, 10, 11, 12	Yes	No	N/A
Trade School	_____		Yes	No	_____
College	_____	Fr So Jr Sr	Yes	No	_____
Graduate School	_____	1 2 3 4 5	Yes	No	_____
Other	_____	_____	Yes	No	_____

**OTHER TRAINING AND QUALIFICATIONS - ALL POSITIONS**

- List and describe any special skills, second languages, courses or other training you have that may be related to your employment:  
\_\_\_\_\_  
\_\_\_\_\_
- List any special equipment that you are trained to operate:  
\_\_\_\_\_  
\_\_\_\_\_
- List all professional licenses or certifications that may be related to the position you are applying for including the dates issued and name of the organization granting the license or certificate:  
\_\_\_\_\_  
\_\_\_\_\_
- Briefly describe your level of knowledge and experience with computer technology including any specific software that you have operated:  
\_\_\_\_\_  
\_\_\_\_\_
- Is there any reason that you could not perform the essential functions of the job for which you are being considered with or without reasonable accommodation?  
Yes or No  
If Yes, please describe: \_\_\_\_\_

**CRIMINAL HISTORY - ALL POSITIONS**

- Have you ever been convicted of (or pleaded guilty or no contest or paid a fine for) **ANY** criminal offense of **ANY** type whatsoever? This includes, but is not limited to, felonies, misdemeanors, DWI/DUI, hunting offenses, domestic violence, violating city or county ordinances.      Yes      No

Offense	Date	Outcome	Location (city and state)

**DRIVING POSITIONS ONLY**

**EMPLOYMENT APPLICATION – SUPPLEMENTAL FORM**

If the position you seek requires you to operate a commercial motor vehicle, please answer the following questions

**DRIVING HISTORY**

**1.** Do you have a valid Driver’s License?    Yes    No    If Yes, Class \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

**2.** Birth Date:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**3.** List all other states from which you have held a Drivers License and the dates held:

State	License	Number / Type	Dates Held

**4.** Has your Driver’s License, permit, or privileges ever been suspended, revoked or cancelled?    Yes    No    If Yes,

State	Date	Reason

**5.** Have you ever been denied a driver’s license, permit, or privilege to drive by a government agency or employer?  
Yes    No    If Yes,

Date	Agency	Employer	Reason

**6.** Have you ever been charged with any traffic related offense(s) within the past 3 years?    Yes    No    If Yes,

Offense	Date	Location	Result

**7.** Have you been involved in a vehicle accident(s) in the past 4 years?    Yes    No    If Yes,

Location	Date	Nature of Accident	Was Citation Issued

**8.** Driving Experience:  
Types of Vehicle Driven:    Straight Truck                      Tractor Trailer                      Doubles                      Mixer  
   Tanker                                      Flatbed                                      Van                                      Reefer

NOTE: **BE SURE THAT ALL OF THESE EMPLOYERS, THEIR ADDRESSES, DATES OF EMPLOYMENT AND REASONS FOR LEAVING ARE IDENTIFIED IN THE EMPLOYMENT HISTORY SECTION OF THE EMPLOYMENT APPLICATION**

**9.** During the previous two years, have you:  
Had an alcohol test result of 0.04 alcohol concentration or greater?                      Yes    No  
Had a verified positive controlled substance test result?                                      Yes    No  
Refused to take an alcohol or drug test?    Yes    No

**EMPLOYMENT APPLICATION – SUPPLEMENTAL FORM**

***SUPPLEMENTAL EMPLOYMENT HISTORY - ALL POSITIONS***

USE THIS SHEET TO COMPLETE YOUR EMPLOYMENT HISTORY. ALL OF YOUR PREVIOUS EMPLOYERS SHOULD BE LISTED.

**5.**

Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_  
Address/Phone Number of location where you worked \_\_\_\_\_  
Street Number City State Phone  
Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**6.**

Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_  
Address/Phone Number of location where you worked \_\_\_\_\_  
Street Number City State Phone  
Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**7.**

Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_  
Address/Phone Number of location where you worked \_\_\_\_\_  
Street Number City State Phone  
Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**8.**

Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_  
Address/Phone Number of location where you worked \_\_\_\_\_  
Street Number City State Phone  
Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**9.**

Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_  
Address/Phone Number of location where you worked \_\_\_\_\_  
Street Number City State Phone  
Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**10.**

Name of employer: \_\_\_\_\_ Last Position Held \_\_\_\_\_  
Address/Phone Number of location where you worked \_\_\_\_\_  
Street Number City State Phone  
Dates employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Supervisor Name \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**REFERENCES**

List 3 references of people who know about your experience, skills and work history. Do not list relatives, domestic partners or previous employers.

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_/\_\_\_\_ How long known? \_\_\_\_ years \_\_\_\_ months

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_/\_\_\_\_ How long known? \_\_\_\_ years \_\_\_\_ months

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_/\_\_\_\_ How long known? \_\_\_\_ years \_\_\_\_ months

**IMPORTANT INFORMATION TO BE READ AND SIGNED BY APPLICANT**

I certify that all the information provided on this Employment Application form (including the Supplemental form), along with all other information I have provided the company, is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omissions will be cause for not hiring me or for terminating my employment, once hired.

I understand that the company will undertake, and **I authorize the company to undertake, any investigation it deems necessary in considering me for employment or, if hired, my continued employment. I expressly authorize any present or former employer; school, college or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state or federal law enforcement agency; or any other person to give the company any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education or criminal record. I unconditionally release the company and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.**

I understand that this application will be active only for the specific position identified above and only during the period the company is seeking to fill the current opening(s), and that any job offer, or if hired, my continued employment, may be conditioned upon a medical examination and/or alcohol or drug testing.

I understand that, if hired, my employment will be strictly at-will. That means that my employment is for an indefinite period and that the company or I my terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any company policy or procedure manual, employee handbook, or other document will be construed to have altered the at-will nature of my employment. No company manager or representative shall be authorized to make any representations to the contrary.

I understand tht my completed application will be active for 90 days and will be considered for open positions that I am qualified for only during that time.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



## FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

### DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

### AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed)



# reference

# C H E C K I N G

## Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last) \_\_\_\_\_ MAIDEN NAME or ALIAS (First, Middle (full), Last) \_\_\_\_\_

CURRENT STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ HOW LONG? \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE # AND STATE ISSUED \_\_\_\_\_ MALE / FEMALE (circle one) \_\_\_\_\_

### WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

*California, Minnesota and Oklahoma residents only:*

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  Yes  No

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### For office use only

**Fax to 1-919-876-6272**

COMPANY NAME \_\_\_\_\_ REQUESTOR \_\_\_\_\_

- Criminal Record     Credit Report     Motor Vehicle Record     Social Sec. No. Trace     OIG     Federal Record

*For Georgia criminal searches only: (must check one)*

- Employment with Mentally Disabled (Purpose Code M)  
 Employment with Elder Care (Purpose Code N)  
 Employment with Children (Purpose Code W)  
 None Apply

CRIMINAL (where) 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

EMPLOYMENT 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

PROFESSIONAL LICENSE VERIFICATION \_\_\_\_\_ EDUCATION VERIFICATION \_\_\_\_\_

