

DRIVER'S APPLICATION FOR EMPLOYMENT

Company Carpinito Brothers, Inc.
Address 1148 N. Central City Kent
State Wa Zip 98032 Phone (253) 854 5692

APPLICANT INFORMATION

DATE _____ Position applying for: _____

NAME _____ SS# _____

PHONE (_____) _____ EMERGENCY PHONE (_____) _____

PHYSICAL EXAM EXPIRATION DATE _____

CURRENT & PREVIOUS THREE YEARS ADDRESSES:

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? _____ Yes _____ No

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ Yes _____ No

If yes, give dates: From _____ To _____

Reason for leaving? _____

ARE YOU NOW EMPLOYED? _____ If not, how long since leaving last employment? _____

WHO REFERRED YOU? _____ PAY RATE EXPECTED _____

EDUCATION HISTORY:

Please circle the highest grade completed:

Grade school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Post Graduate: 1 2 3 4

Last school attended: _____

Name

City

EMPLOYMENT HISTORY:

Give a COMPLETE RECORD of all employment for the past three (3) years, including any unemployment or self employment periods, and all commercial driving experience for the past ten (10) years.

List employers in reverse order, starting with most recent. (Attach another sheet if necessary.)

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____

From _____ To _____ Name _____

Position Held _____ Address _____

Salary/Wage _____ Reason for leaving _____

Contact Person _____ Company phone (_____) _____

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____

From _____ To _____ Name _____

Position Held _____ Address _____

Salary/Wage _____ Reason for leaving _____

Contact Person _____ Company phone (_____) _____

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____

From _____ To _____ Name _____

Position Held _____ Address _____
 Salary/Wage _____ Reason for leaving _____
 Contact Person _____ Company phone (_____) _____

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Salary/Wage _____ Reason for leaving _____
 Contact Person _____ Company phone (_____) _____

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Salary/Wage _____ Reason for leaving _____
 Contact Person _____ Company phone (_____) _____

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Salary/Wage _____ Reason for leaving _____
 Contact Person _____ Company phone (_____) _____

Mo/Yr _____ Mo/Yr _____ Present or Last Employer _____
 From _____ To _____ Name _____
 Position Held _____ Address _____
 Salary/Wage _____ Reason for leaving _____
 Contact Person _____ Company phone (_____) _____

DRIVING EXPERIENCE

Class of Equipment	From	To	Approximate Number of Miles
Straight Truck			
Tractor & Semitrailer			
Tractor & two trailers			
Transfer Truck and Trailer			
Other			

List states operated in, for the last five (5) years: _____
 List special courses/training completed: _____

 List any special equipment or technical materials you can operate or work with: _____

Accident Record for past three (3) years: (REVERSE ORDER/attach sheet if more space is needed):

Date of Accident	Nature of Accident (Head on, rear end, ect)	Location of Accident	# of Fatalities	# of People Injured

Traffic Convictions and Forfeitures for the last three (3) years (REVERSE ORDER/other than parking violations):

Date	Location	Charge	Penalty

Driver's License (list each driver's license held in the past three (3) years: (REVERSE ORDER)

State	License #	Type	Endorsements	Expiration date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____ Yes _____ No

Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description)? _____ Yes _____ No

If the answers to any questions listed above are "yes", give details _____

Job References

List three (3) persons for references, other than family members, who have knowledge of your safety habits.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

*Please read and sign the back

