



APPLICATION FOR EMPLOYMENT

**MAILING ADDRESS: PO BOX 1569
MUSKOGEE, OK 74402**

**PHYSICAL ADDRESS: 2801 EAST 31ST SOUTH
MUSKOGEE, OK 74403**

(ANSWER ALL QUESTIONS)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for _____ Location(Department): _____ Date of application: _____

Name _____ Social Security No. _____
Last First MI

Address _____ Home Phone _____
Street _____
 _____ Email _____
 _____ Cell Phone _____
City State & Zip

Address _____ How Long? _____
 for Past Street City State & Zip _____
 3 Years _____ How Long? _____
Street City State & Zip

Do you have the legal right to work in the United States? _____ Can you provide proof of age? _____

Have you ever been convicted of a crime? _____ If yes, explain number of conviction(s), nature of offense(s), leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. (Do not include traffic violations in this section.) _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Payrate _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Referred by _____ Expected Payrate _____

REFERENCES - Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YRS. KNOWN

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle includes vehicles having a GVWR of 26,001 lbs. or more in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such a vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION
CITY STATE ZIP	WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION
CITY STATE ZIP	WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING

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ADDRESS	POSITION
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NAME	FROM TO
ADDRESS	POSITION
CITY STATE ZIP	WAGE
CONTACT PERSON PHONE	REASON FOR LEAVING

EDUCATION

HIGHEST GRADE COMPLETED:

COLLEGE:

LAST SCHOOL ATTENDED

(NAME)

(CITY, STATE)

EXPERIENCE AND QUALIFICATIONS - DRIVER

LIST ALL LICENSES HELD IN LAST THREE YEARS				
DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXP. DATE

Date of Birth (MM/DD/YY) (Required for Truck Drivers) _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

IF ANSWER TO EITHER A OR B IS YES, TYPE STATEMENT GIVING DETAILS ON LAST PAGE

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (LIST ON LAST PAGE IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
	(HEAD-ON, REAR-END, USET, ETC.)		
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(LIST ON LAST PAGE IF MORE SPACE IS NEEDED)

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

_____ Date

_____ Applicant's Signature

OFFICE USE ONLY

REMARKS

NEATNESS		CHARACTER			
PERSONALITY		ABILITY			
HIRED	DEPT.	POSITION	WILL REPORT	WAGES	

APPROVED _____

DATE _____

- 1. APPLICATION
- 2. INTERVIEW
- 3. PAST EMPLOYMENT
- 4. WRITTEN EXAM
- 5. ROAD TEST
- 6. CRIMINAL AND TRAFFIC CONVICTIONS

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA