

Application for Employment - Universal Truck Equipment

Personal Information	Date: ____/____/____
Name: _____	Social Security Number: ____-____-____
Present Address: _____	
Permanent Address: _____	
Phone Number: (____)-____-____	Referred By: _____

Employment Desired			
Position: _____	Date You Can Start: ____/____	Salary Desired: \$ _____	
Are you Employed Now? (circle one)	Yes	No	
If so, may we inquire of your present employer? (circle one)	Yes	No	
Ever applied to this company before? (circle one)	Yes	No	If so, when? ____/____/____
Ever worked for this company before? (circle one)	Yes	No	If so, when? ____/____/____
Reason for leaving: _____			
How did you find out about this position? _____			

Military Service Record		
Have you ever served in the U.S. Armed Forces? (circle one)	Yes	No
Branch of Service: _____	Discharge Date: ____/____/____	Rank: _____

Education History				
	Name of School & Location	Years Attended	Did you Graduate	Subjects Studied
High School				
College				
Trade, Business, Or Correspondence School				

General Information

Subject of Special Study/Research Work: _____

Special Training, Certifications, Licenses: _____

Special Skills, Foreign Languages, etc.: _____

Former Employers

Name of Present (or last) Employer: _____ Job Title: _____

Starting Date: ____/____/____ Ending Date: ____/____/____

Description of Work: _____

Reason for Leaving: _____

Name of Present (or last) Employer: _____ Job Title: _____

Starting Date: ____/____/____ Ending Date: ____/____/____

Description of Work: _____

Reason for Leaving: _____

References

Name	Address	Business	Phone
			(____)-____-____
			(____)-____-____
			(____)-____-____

I certify the information on this application is true to the best of my knowledge and understand if employed false statements will be grounds for removal.

I agree to investigation of all statements contained and references/employers listed above to give you any information about my previous work experience and any information they may have, and release the company from all liability for damage of information.

This does not permit the release or use of disability-related or medical information prohibited by the ADA and other federal and state laws.

All persons hired will be required to verify identity and eligibility to work in the US and complete required employment eligibility document in compliance with federal laws.

We are an equal opportunity employer.

Date: ____/____/____ Signature: _____