



2710 E Washington Street
Phoenix, Arizona 85034
602.298.1818

APPLICATION FOR EMPLOYMENT

DATE _____

NAME _____
LAST FIRST MI

ADDRESS _____
NUMBER STREET CITY STATE ZIP

How long _____ Social Security No. _____ - _____ - _____

Telephone No. _____

Desired Position: _____

Days/ hours available to work:

Hours available weekly _____ Available to work nights _____

Date available to start _____

Employment type desired Full Time Part Time

Have you ever been part of a DOT Drug program? YES NO



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Type of school	Name of School	Location	Number of years completed	Major and/or Degree
High School				
College				
Trade/Prof. School				

Have you ever been convicted of a crime, misdemeanor or felony? YES / NO

If yes, please explain:

Mode of Transportation to work: _____

Driver's license number _____ Issuing state _____ Type _____

Expiration date _____

How many accidents in the past 7 years? _____

How many moving violations in the past 7 years? _____

Emergency contact Name: _____

Address of Emergency Contact: _____

Telephone of Emergency Contact: _____



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List two (2) references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
_____	_____
Telephone _____	Telephone _____

Please use the space below to add any additional information you would like to add regarding qualifications for the position you are applying for:

MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED SERVICES? YES/NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES/NO

Branch _____

Date Entered _____

Discharge Date _____



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Work Experience

Please list your experience for the past two (2) years beginning with your most recent job.

Name of Employer: Address City, State, Zip Phone Reason for leaving Job duties held, skills used or learned, advancements:	Name of last supervisor: Your last job title:	
	Dates of Employment From: To:	Salary Start: Final:
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Name of Employer: Address City, State, Zip Phone Reason for leaving Job duties held, skills used or learned, advancements:	Name of last supervisor: Your last job title:	
	Dates of Employment From: To:	Salary Start: Final:
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PLEASE READ CAREFULLY
APPLICATION WAIVER

In exchange for the consideration of my job application by “Transportation Company” (hereinafter called “The Company”) I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of “The Company” or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. That relationship cannot be altered except by a written instrument signed by the President/General Manager of the company. Both the undersigned and “The Company” may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies, and procedures. Such changes may include a reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for, is cause for dismissal at any time without any previous notice. I hereby give “The Company” permission to contact schools, previous employers (unless otherwise indicated in this application), references, and others. I hereby release the company from any liability as a result of such contact.

I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well as random testing after employment. (2) Consent to and compliance with such policy is a condition of my employment (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, “The Company” may request from a consumer reporting agency in investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, “The Company”, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the company is terminable at will for any reason by either party.

Signature of Applicant _____ Date _____

This is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. Opportunity for employment with his company solely depends on qualifications.