



## SOUTHWEST PRE-EMPLOYMENT TRUCK APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, genetic information or any disability as defined in the Americans With Disabilities Act, or for any other reason protected by State or Federal law.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
STREET CITY STATE ZIP

How long have you resided at this address? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 years of age or older? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes No

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes No

If No, please explain: \_\_\_\_\_

Are you subject to any non-compete, non-disclosure or confidentiality agreements, or any other type of agreement with any current or former employer(s) or organization(s) which would limit your ability to work for our company? Yes No

If Yes, please explain: \_\_\_\_\_

Note: You may be required to provide a copy of any such agreement

Driver's License: State \_\_\_\_\_ Type \_\_\_\_\_ Currently Valid? Yes No

Would you be willing to relocate? Yes No

## EMPLOYMENT DESIRED

What type of employment are you seeking? Full Time Part Time Temporary Summer

Salary Desired: \_\_\_\_\_ Date available to start: \_\_\_\_\_

Have you ever applied to our company before? Yes No

Have you ever worked with our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If Yes, please specify the days/hours you would be unable or unwilling to work: \_\_\_\_\_

Is there any type of work which you will not perform? Yes No

If Yes, please explain: \_\_\_\_\_

## EDUCATION

### High School / GED

_____	<b>Highest Grade Completed?</b>
SCHOOL NAME	9 10 11 12
_____	<b>Did you graduate?</b> Yes No
ADDRESS	
_____	
LOCATION	

### College

_____	<b>Did you graduate?</b> Yes No
SCHOOL NAME	

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ADDRESS

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LOCATION

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**Major:** \_\_\_\_\_

**Minor:** \_\_\_\_\_

**Degree(s):** \_\_\_\_\_

**Trade School**

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SCHOOL NAME

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ADDRESS

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LOCATION

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**Did you graduate?** Yes No

**Diploma or Certificate Obtained:**

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**If you did not graduate, why did you leave high school or college?** \_\_\_\_\_

**Are you planning to pursue further studies?** Yes No

If yes, when, where, and what courses? \_\_\_\_\_

**List any scholastic honors, offices held and activities involved in during high school and college.**

*Please exclude those which may reflect race, sex, color, religion, national origin, disability, sexual orientation, or other protected status*

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**Please describe any other special courses, seminars or training which may enable you to better perform the duties of the position for which you are applying.**

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**MILITARY**

**Have you ever served in the Military?** Yes No

**Service Branch:** \_\_\_\_\_ **Final Rank:** \_\_\_\_\_

**What duties, training, or experiences did you have while in the military which may be job related?**

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**CAPABILITY / RELIABILITY**

**Would you be willing and able to perform all tasks required by the job you are applying for?** Yes No

If No, please explain which tasks: \_\_\_\_\_

**Have you filed any type of fraudulent claim against any of your present or past employers?** Yes No

If Yes, please explain: \_\_\_\_\_

**Will you abide by the safety rules of this company?** Yes No

**Have you ever been disciplined for violating company safety rules or regulations?** Yes No

If Yes, please explain: \_\_\_\_\_

**How many days of work (or school) have you missed in the last two years?** \_\_\_\_\_

**How many times have you been late for work (or school) in the last two years?** \_\_\_\_\_

**Attendance and punctuality are essential requirements of every job in our company. Would you be willing and able to report to work on time every day on a regular and consistent basis?** Yes No

If No, please explain: \_\_\_\_\_

**Have you ever been disciplined or received verbal or written warnings for issues related to being absent or tardiness?** Yes No

If Yes, please explain: \_\_\_\_\_

**Have you ever been fired or asked to resign from a job?** Yes No

If Yes, please explain: \_\_\_\_\_

## **WORK HISTORY**

*List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business records.*

**Name of Employer:** \_\_\_\_\_

**Name and Title of Last Supervisor:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Start Date:** \_\_\_\_ / \_\_\_\_ **End Date:** \_\_\_\_ / \_\_\_\_  
MONTH YEAR MONTH YEAR

\_\_\_\_\_  
CITY STATE ZIP CODE

**Starting Pay:** \_\_\_\_\_ **Ending Pay:** \_\_\_\_\_

**Telephone (\_\_\_\_\_)** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

Title: \_\_\_\_\_

Describe duties performed, skills used/learned, advancements/promotions earned:

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Name of Employer: \_\_\_\_\_

Name and Title of Last Supervisor: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH YEAR MONTH YEAR

\_\_\_\_\_  
CITY STATE ZIP CODE

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_

Describe duties performed, skills used/learned, advancements/promotions earned:

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Name of Employer: \_\_\_\_\_

Name and Title of Last Supervisor: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH YEAR MONTH YEAR

\_\_\_\_\_  
CITY STATE ZIP CODE

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

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Nature of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET

Start Date: \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_  
MONTH YEAR MONTH YEAR

\_\_\_\_\_  
CITY STATE ZIP CODE

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Title: \_\_\_\_\_

Describe duties performed, skills used/learned, advancements/promotions earned:  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

If you worked in any of your previous positions under another name, please give that name(s) below:  
(For reference checking purposes)

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Are you presently employed? Yes No

If Yes, may we contact your present employer? Yes No Please Contact

List all periods of time since high school or college during which you were not employed:  
\_\_\_\_\_

How did you spend this time? \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

**SPECIAL SKILLS**

Do you type? Yes No

Approximate Words per Minute: \_\_\_\_\_

Please list all software programs in which you are proficient, indicating how many years work experience you have with each:  
\_\_\_\_\_

List other computer skills, programming languages, or computer training you've had:

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List other technical training, skills, or work experience which may qualify you for a job with us:

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Describe why you are interested in working for our company and list those skills and abilities which you feel particularly qualify you or a position with us. If you need more space, please continue on a separate sheet.

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## REFERENCES

*Give three references, not relatives or former employers*

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NAME	ADDRESS	PHONE	OCCUPATION
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NAME	ADDRESS	PHONE	OCCUPATION
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NAME	ADDRESS	PHONE	OCCUPATION
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## AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, education, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for libel, slander, defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I also acknowledge that, if I am employed, it is my affirmative responsibility to report to management any evidence of sexual or other illegal forms of harassment immediately. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is at-will and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Company Use Only**

**Interviewed by:** \_\_\_\_\_

**Interviewer's remarks:** \_\_\_\_\_

**Is the operation of a company vehicle a job requirement?** Yes No

If Yes, has a request for driver's record been made? Yes No

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