



**APPLICATION FOR EMPLOYMENT**

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

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

(ANSWER ALL QUESTIONS - PLEASE PRINT)

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 \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street  
 \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City State & Zip

Address for Past \_\_\_\_\_ How Long? \_\_\_\_\_  
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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CONTACT PERSON PHONE	REASON FOR LEAVING

### EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8    HIGH SCHOOL: 1 2 3 4    COLLEGE: 1 2 3 4

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, ATTACH STATEMENT GIVING DETAILS

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT <small>(VAN, TANK, FLAT, ETC.)</small>	DATES		APPROX. NO OF MILES <small>(TOTAL)</small>
		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 HOL 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

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

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**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. (General, 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 \_\_\_\_\_

	BELOW					WRITTEN RECORD ON FILE
	SUPERIOR	GOOD	FAIR	AVERAGE	POOR	
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