



# APPLICATION FOR EMPLOYMENT

(All information treated confidentially)

## INSTRUCTIONS FOR COMPLETING THIS FORM

- 1) The applicant is to complete this application in his own handwriting. 3) All questions must be answered. If answer is "none" so indicate.  
 2) If you need additional space to answer any questions attach a separate sheet. 4) Be sure to show all employment for past 10 years.

FULL NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ZIP CODE \_\_\_\_\_

### APPLICANT'S STATEMENT OF PHYSICAL CONDITION

Do you wear glasses or contact lenses? YES NO

Is vision normal with glasses? YES NO

Do you have any physical defects or limitations which would hinder or prevent you from performing the job for which you are applying? YES NO

**IF "YES", PLEASE OUTLINE THE DETAILS AND DESCRIBE WHAT STEPS COULD BE TAKEN BY US TO ACCOMMODATE THAT LIMITATION.**

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In case of emergency notify \_\_\_\_\_

(NAME)

(ADDRESS)

(CITY)

(STATE)

(TELEPHONE)

| SCHOOL            | YEARS    |   | GRADUATED |    | NAME AND ADDRESS OF SCHOOL | MAJOR COURSES TAKEN | DEGREE |
|-------------------|----------|---|-----------|----|----------------------------|---------------------|--------|
|                   | ATTENDED |   | YES       | NO |                            |                     |        |
| GRAMMER           | -        | - | -         | -  | -                          | -                   | -      |
| HIGH SCHOOL       | -        | - | -         | -  | -                          | -                   | -      |
| COLLEGE           | -        | - | -         | -  | -                          | -                   | -      |
| GRADUATE WORK     | -        | - | -         | -  | -                          | -                   | -      |
| TRADE OR BUSINESS | -        | - | -         | -  | -                          | -                   | -      |
| CORRESPONDENCE    | -        | - | -         | -  | -                          | -                   | -      |

What foreign languages do you read, write or speak fluently? \_\_\_\_\_

### CURRENT DRIVER'S LICENSES: TO BE COMPLETED BY ALL APPLICANTS

| STATE | TYPE  | LICENSE NUMBER | EXPIRATION DATE |
|-------|-------|----------------|-----------------|
| _____ | _____ | _____          | _____           |

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ OF HAIR \_\_\_\_ OF EYES \_\_\_\_

**TRAFFIC CONVICTIONS (LAST 5 YEARS, INCLUDING PERSONAL OR OFF-DUTY INCIDENTS):**

| DATE  | PLACE | VIOLATION | PENALTY |
|-------|-------|-----------|---------|
| _____ | _____ | _____     | _____   |
| _____ | _____ | _____     | _____   |
| _____ | _____ | _____     | _____   |

**HAVE YOU EVER BEEN CONVICTED OF A MOVING TRAFFIC VIOLATION? YES • NO • IF "YES" EXPLAIN:** \_\_\_\_\_

**HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES • NO • IF "YES" EXPLAIN:** \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 5 YEARS:**

| MONTH YEAR | TYPE ACCIDENT | TYPE EQUIPMENT | DEATH OR INJURIES | CITY OR STATE | NIGHT OR DAY | EMPLOYER |
|------------|---------------|----------------|-------------------|---------------|--------------|----------|
| _____      | _____         | _____          | _____             | _____         | _____        | _____    |
| _____      | _____         | _____          | _____             | _____         | _____        | _____    |
| _____      | _____         | _____          | _____             | _____         | _____        | _____    |

**DRIVING EXPERIENCE:**

**SECTION FOR DRIVERS**

| TYPE OF EQUIPMENT:                   | NO. OF YEARS | APPROXIMATE NO. OF MILES |
|--------------------------------------|--------------|--------------------------|
| Straight Truck _____                 | _____        | _____                    |
| Tractor and Semi _____               | _____        | _____                    |
| Tractor, Semi and Full Trailer _____ | _____        | _____                    |
| Truck and Full Trailer _____         | _____        | _____                    |
| Others _____                         | _____        | _____                    |

With what type engine and transmissions do you have experience? \_\_\_\_\_

In what States have you driven regularly? \_\_\_\_\_

**GENERAL DRIVING RECORD:**

To date, I have driven trucks for \_\_\_\_\_ years, covering approx. \_\_\_\_\_ miles. The date of my last accident, while a commercial vehicle, was \_\_\_\_\_; since that time I have driven approximately \_\_\_\_\_ accident-free miles.

Are you familiar with D.O.T. Safety Regulations? YES NO

**SAFE DRIVING AWARDS, ETC.:**

| DATE  | KIND OF AWARD | PRESENTED BY | WHILE EMPLOYED BY | IN RECOGNITION OF |
|-------|---------------|--------------|-------------------|-------------------|
| _____ | _____         | _____        | _____             | _____             |
| _____ | _____         | _____        | _____             | _____             |
| _____ | _____         | _____        | _____             | _____             |

**Outstanding Characteristics:**

**ALL APPLICANTS**

What are your outstanding qualities \_\_\_\_\_  
 Which aid you in being successful? \_\_\_\_\_  
 What are your significant characteristics \_\_\_\_\_  
 Which may require development? \_\_\_\_\_

How long have you been a Resident of the City in which you reside? \_\_\_\_\_

**GIVE IN SEQUENCE YOUR PREVIOUS PLACES OF RESIDENCE FOR PAST 5 YEARS**

| ADDRESS | DATE FROM | DATE TO | ADDRESS | DATE FROM | DATE TO |
|---------|-----------|---------|---------|-----------|---------|
| _____   | _____     | _____   | _____   | _____     | _____   |
| _____   | _____     | _____   | _____   | _____     | _____   |
| _____   | _____     | _____   | _____   | _____     | _____   |

For what position are you applying? \_\_\_\_\_ Salary expected \_\_\_\_\_

What prompted your application? Employment agency Advertisement Own accord Employee referral

Employee's name \_\_\_\_\_ Other \_\_\_\_\_

Have you ever been employed by this company under another name? YES NO If "Yes" give name and period of employment

Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of a Crime Involving Theft, Violence or Drugs? If "Yes", explain: (A conviction will not necessarily disqualify you from consideration for the job for which you are applying.) \_\_\_\_\_

Do you have any relatives already employed by this company? YES NO

If "Yes", give name and relationship; Name \_\_\_\_\_ Relationship \_\_\_\_\_

To what Clubs, Societies, or other organizations do you belong? (Do not name any organizations which would reveal your race, religious creed, color, national origin, ancestry, sex or age.) \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

**EMPLOYMENT RECORD** (please start with your last job; explain all gaps of more than 30 days; show past 10 years; use additional sheet if necessary.)

| Date From<br>Mo.____<br>Yr.____ | Date To<br>Mo.____<br>Yr.____ | Employer<br>Give name and address<br>Name<br>Street City | Name immediate supervisor<br>Describe briefly nature of work<br>Name of your supervisor<br>Your position | Monthly Salary | Reason for Leaving |
|---------------------------------|-------------------------------|--|--|----------------|--------------------|
| Mo.____<br>Yr.____              | Mo.____<br>Yr.____            | Name<br>Street City                                      | Name of your supervisor<br>Your position   | _____          | _____              |
| Mo.____<br>Yr.____              | Mo.____<br>Yr.____            | Name<br>Street City                                      | Name of your supervisor<br>Your position   | _____          | _____              |
| Mo.____<br>Yr.____              | Mo.____<br>Yr.____            | Name<br>Street City                                      | Name of your supervisor<br>Your position   | _____          | _____              |
| Mo.____<br>Yr.____              | Mo.____<br>Yr.____            | Name<br>Street City                                      | Name of your supervisor<br>Your position   | _____          | _____              |

Have you ever been discharged from any position? YES NO If "Yes" Explain \_\_\_\_\_

**PERSONAL REFERENCES** (NOT A RELATIVE, FORMER EMPLOYER, OR ANYONE IN THE SERVICE OF THIS EMPLOYER)

| Full name or reference | Address (show street number and city) | Connected with what business | Phone No. |
|------------------------|---------------------------------------|------------------------------|-----------|
| _____                  | _____                                 | _____                        | _____     |
| _____                  | _____                                 | _____                        | _____     |
| _____                  | _____                                 | _____                        | _____     |

**Managerial Experience:**

How many years have you supervised people? \_\_\_\_\_

In what jobs? \_\_\_\_\_

In what types of operation? \_\_\_\_\_

What do you like best about being a supervisor? \_\_\_\_\_

**CLERICAL APPLICANTS**

INDICATE WHETHER YOU HAVE HAD TRAINING OR EXPERIENCE OR BOTH IN THE FOLLOWING LINES OF WORK

| *Indicate words per minute     | Training | Experience (Years) |                            | Training | Experience (Years) |
|--------------------------------|----------|--------------------|----------------------------|----------|--------------------|
| Typing* _____                  | _____    | _____              | Rates _____                | _____    | _____              |
| Shorthand* _____               | _____    | _____              | O S & D _____              | _____    | _____              |
| Billing _____                  | _____    | _____              | Interline _____            | _____    | _____              |
| TWX* _____                     | _____    | _____              | Claims _____               | _____    | _____              |
| PBX _____                      | _____    | _____              | Cashier _____              | _____    | _____              |
| Key Punch Operator _____       | _____    | _____              | Accounting _____           | _____    | _____              |
| Calculator _____               | _____    | _____              | Dispatcher _____           | _____    | _____              |
| Dictating Machine Trans. _____ | _____    | _____              | Tabulator _____            | _____    | _____              |
| Bookkeeping Machine _____      | _____    | _____              | Mimeograph _____           | _____    | _____              |
| Adding Machine _____           | _____    | _____              | **Indicate Tariff _____    | _____    | _____              |
| Payroll _____                  | _____    | _____              | with which you have worked | _____    | _____              |

**SECTION FOR DOCK FREIGHT HANDLERS**

Number of years experience as loader \_\_\_\_\_ Checker \_\_\_\_\_

Have you worked with Dragline? YES NO Towmotor and pallet? YES NO

Cart Operator? YES NO Other - Explain \_\_\_\_\_

Indicate any other dock experience or related background \_\_\_\_\_

Check type of forklift operated and number of years experience  
 Gas. \_\_\_\_\_ yrs.  
 Elect. \_\_\_\_\_ yrs.  
 LPG. \_\_\_\_\_ yrs.

**INDICATE MONTHS OF EXPERIENCE:**

**SECTION FOR SHOP HANDLERS**

Are you a journeyman mechanic? \_\_\_\_\_ Hy duty diesel exper. \_\_\_\_\_ Transmission & Differentials \_\_\_\_\_

Electrical \_\_\_\_\_ Front ends \_\_\_\_\_ body work \_\_\_\_\_ Welding exper.: Heliarc \_\_\_\_\_ Acetylene \_\_\_\_\_

Partsman \_\_\_\_\_ Lubrication & service \_\_\_\_\_ Tire serviceman \_\_\_\_\_ Tire recapper \_\_\_\_\_

Other specialties or hobbies related to occupation: \_\_\_\_\_

Have you completed an apprenticeship? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Who is the best boss you ever had? \_\_\_\_\_  
Why did you pick that person? \_\_\_\_\_

Have you had any bad bosses? \_\_\_\_\_ How many? \_\_\_\_\_  
Why do you want to work at **BEST OVERNITE EXPRESS**? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you want to do five years from now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of possible employment, and/or actual employment, I agree as follows:

1. I agree that any omission or any misleading or untrue statement or answer made herein may, at the option of *BEST OVERNITE EXPRESS* render this application void and may also constitute just cause for discharge should employment hereafter be granted.
2. I authorize *BEST OVERNITE EXPRESS* to inquire into my background with regard to my character and qualifications for employment and I specifically authorize *BEST OVERNITE EXPRESS* to contact my former employers, references, and any and all other organizations for any and all information bearing upon my character and qualifications for employment. I request and authorize all persons and organizations so contacted to furnish the information so requested and, in consideration for so doing, I hereby discharge, relieve, and release any and all persons and organizations furnishing such information about me to *BEST OVERNITE EXPRESS* from liability which might arise out of or result from the communication so made or the information so furnished.
3. I authorize *BEST OVERNITE EXPRESS* to furnish to any future prospective employer information which it in good faith reasonably believes to be true regarding my character and qualifications for employment and, in consideration for so doing in addition to consideration for possible employment and/or actual employment, do hereby release and discharge *BEST OVERNITE EXPRESS* from any and all liability whatsoever which might result from or arise out of the communication of such information.
4. I am in agreement with *BEST OVERNITE EXPRESS* policy of hiring and promoting on the basis of ability without regard to race, creed, origin or handicapped status.
5. in event employment is granted, in consideration of such employment,
  - a) I promise to ascertain and to abide by all pertinent *BEST OVERNITE EXPRESS* rules and regulations and I agree that failure to do so will constitute just cause for discharge from such employment.
  - b) I understand that, as a condition to employment, I will be required to furnish other or duplicate information, I agree to furnish whatever further or duplicate information is or will be required to enable *BEST OVERNITE EXPRESS* to verify my character and/or qualifications for employment, I understand that such information will be used to verify my character and/or qualifications for employment and agree that appropriate investigation to do so may be made.
  - c) I understand and agree that such employment will be on an impermanent basis, subject to the employer's needs. In the absence of a written employment contract for a specific period of time, either party may terminate the employment relationship at any time and for any reason not prohibited by law.
6. I do also hereby further specifically authorize *BEST OVERNITE EXPRESS* to inquire into my medical background as it effects my character and qualifications for employment. In furtherance of the Authorization, I request and authorize any doctor or hospital or medical facility from which I have received medical, treatment of any nature to release to *BEST OVERNITE EXPRESS* at the request thereof any and all records regarding my medical history and, in consideration for so doing, do hereby release and discharge persons or facilities so doing from any and all liability arising therefrom.
7. I agree to submit to a physical examination if requested by *BEST OVERNITE EXPRESS* I understand that any offer of employment may be contingent upon my ability to pass a job related physical examination.
8. I agree that only those promises made in writing by *BEST OVERNITE EXPRESS* will be enforceable.

**I hereby certify that the statements made herein and the answers to all the foregoing questions are true and correct and are full and fair disclosures concerning my background, character, and qualifications for employment. Further, 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.**

Dated: \_\_\_\_\_ I have read and understand the foregoing agreement.

Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewer \_\_\_\_\_