

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Note: If you require more space than provided, please attach separate sheet(s).

PERSONAL

Name (Last)	(First)	(MI)	Home Phone ()
Address			Cell Phone ()
City			Best Time to Call
State	Zip		

Today's Date:
Referred By:
Position Applied For:

EDUCATION

Name and Location	Areas of Study	Graduate	Degree
High School		Yes No	
College		Yes No	
Post High School/Technical Training		Yes No	

On what date would you be available for work? _____

Are you currently on a "lay-off" status and subject to recall? Yes No

Applying for: Full Time Part Time Shift Work Temporary

Days & Times available for work: M T W Th F Sa Su

Are you at least 18 years of age? ___ Yes ___ No

JOB RELATED SKILLS:

Truck Driving Experience	Type:	Years:
Equipment Operating Experience	Type:	Years:
Other: ie, Computers, Software...	Type:	Years:

DRIVER'S LICENSE INFORMATION:

Do you have a valid drivers license?	Yes No	Class (please circle one) A B C D
Do you have a Medical Examiner's Certificate?	Yes No	If Yes, Date of Expiration:
CDL Yes No	Hazmat Yes No Tanker Yes No	Drivers License Number: State of Issue:

CERTIFICATIONS:

Are you CPR Certified?	Yes No	Date Certificate Expires:
Are you First Aid Certified?	Yes No	Date Certificate Expires:
Hours of Safety Training :	Date of training:	Hours of OSHA Training: Date of training:

PHYSICAL HISTORY:

Do you have any physical conditions which may limit your ability to perform the job applied for? Yes No

If yes, please explain: _____

What can be done to accommodate your limitation? _____

Would you be willing to take a physical examination? _____

PRE-EMPLOYMENT DRUG TESTS CONDUCTED

REFERENCES: Include only individuals familiar with your work experience. Do not include relatives.

Name	Position	Company	Address	Phone	Yrs Known

Military Service Experience: _____ Duties: _____ Discharge Date: _____

Are you a: Special Disabled Veteran? Yes No

Viet-Nam Era Veteran? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

EMPLOYMENT HISTORY (MOST RECENT EMPLOYER)

From	To	Employer	Phone	Address
Job Title		Duties		City, State
Supervisor's Name				
Start Pay	Final Pay	Reason For Leaving		

From	To	Employer	Phone	Address
Job Title		Duties		City, State
Supervisor's Name				
Start Pay	Final Pay	Reason For Leaving		

From	To	Employer	Phone	Address
Job Title		Duties		City, State
Supervisor's Name				
Start Pay	Final Pay	Reason For Leaving		

Applicant's Statement

I certify that all information given is accurate and true. I understand that if hired, any false information on this form could be cause for termination. I authorize R.J. Zavoral & Sons, Inc. to obtain and give references as well as to verify my information such as credit history, DMV records, employment, and education as needed for arriving at an employment decision. I understand that R.J. Zavoral & Sons, Inc. utilizes "employment-at-will", i.e., the employee or the Employer may terminate the employment relationship at any time for any reason other than an unlawful or discriminatory reason.

Applicants Signature: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes _____ No _____	Interviewer _____	Date _____
Remarks: _____		
Start Date: _____	Hourly Rate/Salary: _____	
Job Title: _____		
By: _____	Date: _____	
Name and Title		