

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone Number: (____) _____ Evening Phone Number: (____) _____
E-mail: _____
Are you 18 years or older? _____
If hired, can you present evidence of your US Citizenship or proof of your legal right to live and work in this country? _____
Social Security Number: _____

### Employment Desired

Position: _____	Shift Desired: _____
Date you can start: _____	Salary Desired: _____
Are you employed now? _____	
If so may we contact your present employer? _____	
Have you ever applied to this company before? _____	
Where? _____	When? _____
Employee Referral: (Identify Employee): _____	
Other Referral: _____	

### General

Specific Skills (Computer, Typing, WPM, Machinery (list)): _____ _____
Activities (Civic, Athletic, Etc.): _____ _____
<small>(Exclude organizations- the name of which indicates the race, sex, age or marital status, color or origin of its members, people with disabilities, individuals of a particular religious or ethnic background or any other protected characteristic.)</small>

### U.S. Military Service

Rank: _____
Present membership in National Guard or Reserves: _____

**List Previous Employment (Last ten years most current employer first):**

Date: Month and Year	Name and Address	Position	Reason for leaving
1.From: To:			
2.From: To:			
3.From: To:			
4.From: To:			

**Business References** (Numbers correspond to employers listed in above section):

No.	Immediate Supervisor Name/Title	Telephone Number
1	_____	(____) _____
2	_____	(____) _____
3	_____	(____) _____
4	_____	(____) _____

List the number of any reference listed above you do not want us to  
Contact \_\_\_\_\_.

Which one of these jobs did you like the best?

\_\_\_\_\_

What did you like about the job above?

\_\_\_\_\_

**Personal References:**

**Please list individuals who may comment about professional/business skills that are not relatives.**

Name	Phone Number	Relationship	Years Acquainted
1.			
2.			
3.			

**Education:**

Education	Name and Location	Years Attended	Did you Graduate	Subjects Studied
High School				
College				
Trade/Business School				

**In case of an emergency notify (List two contacts please):**

( )

Name Address Phone Number

Relationship: \_\_\_\_\_

( )

Name Address Phone Number

Relationship: \_\_\_\_\_

**Note to Applicants:**

Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing in a reasonable manner, with or without accommodation, the activities in the job or occupation for which you have applied? \_\_\_\_\_ Yes \_\_\_\_\_ No. A review of the activities involved for such a job or occupation has been given. \_\_\_\_\_ Yes \_\_\_\_\_ No Initial \_\_\_\_\_ If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions). Hire may be subject to passing a medical examination, and to skill and agility tests.)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

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

Print full name: \_\_\_\_\_

Signature: \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE

To be completed by the direct supervisor/manager	
Interviewed by: _____	Date: _____
Remarks: _____ _____	
Presentation: _____	Skillset: _____
Hired: Yes _____ No _____ Position: _____ Dept: _____	
Salary: _____	(Circle One) P/H or Annually (Circle One) F/T or P/T or Casual
Reporting Supervisor: _____ Dept: _____	
Date Reporting to Work: _____ Shift: _____	
Approved:	
Employment Manager: _____ Date _____	
Department Manager: _____ Date _____	
Human Resources Manager: _____ Date _____	



## Authorization

To Whom It May Concern:

I authorize Legacy Transportation Services, Inc. to obtain information about me from my previous employers, schools and other references sources. I authorize my previous employers, schools and other references sources to disclose to Legacy Transportation Services, Inc. such information about me as Legacy Transportation Services, Inc. may request.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_