

EFFORT FOUNDRY INC

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

NEW HIRE APPLICATION

Page 1

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5. DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long at present address? _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Cell Phone (____) _____

(Current and previous addresses must go back at least three years. Attach sheet if additional space is required.)

Previous address _____

Number
Street
City
State
Zip

Driver license held in the last 3 years

State of issue	License Number	License Type	Expiration Date

Have you previously been employed by Effort Foundry? _____

If so, when? _____

Reason for Leaving _____

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Page 2

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address		Your last job title	
City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
Reason for leaving (be specific)		From	Start
		To	Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address		Your last job title	
City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
Reason for leaving (be specific)		From	Start
		To	Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address		Your last job title	
City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
Reason for leaving (be specific)		From	Start
		To	Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Page 3

APPLICATION FOR EMPLOYMENT

Work Experience Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer
Address

Your last job title

City, State, Zip Code
Phone number

Name of last
supervisor

Employment dates

Pay or salary

Reason for leaving (be specific)

From
To

Start
Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer
Address

Your last job title

City, State, Zip Code
Phone number

Name of last
supervisor

Employment dates

Pay or salary

Reason for leaving (be specific)

From
To

Start
Final

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No

If you answered Yes, please give a detail explanation:

Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered Yes, please give a detail explanation:

May we contact your present employer? Yes No

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Page 4

APPLICATION FOR EMPLOYMENT

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

List all schools or training related to trucking that you have attended:

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

The Immigration and Control Act of 1986 requires all persons hired for employment to submit documents which establish their identity and work authorization. Are you legally eligible to work in the U.S.? _____

READ AND SIGNED BY APPLICANT

This certifies that this application was signed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

(Date)

(Applicant's Signature)

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Page 5

APPLICATION FOR EMPLOYMENT

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 also hereby authorize this company to perform all background checks and investigations necessary to verify the information that I have provided. I understand that falsification or omissions by me of pertinent information shall be grounds for declining my application or revoking my safety clearance if discovered after its issuance.

Signed: _____ Date: _____

I understand that I have provided the above information so that the company may determine whether I meet their safety and experience criteria. I also understand that decisions based on this information are provisional and that final decision is contingent upon my successfully passing a physical and drug screen as provided for the federal regulations.

Signed: _____ Date: _____

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor-vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer.** A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of the employer, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Employer with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

READ, ACKNOWLEDGED AND AUTHORIZED

Signature

Date