Application for Employment State Trailer Supply

Personal Information Social Security Number	<u> </u>		_	An Equal Opportunity	Employer	
Name First Last Middle Present Address City State	Personal Inform	nation				
Prist Last Middle Present Address	Social Security Nu	mber		Date		
Present Address	Name	First				
Home Phone	Present Address	Filst	Lasi		Middle	
Email address		Street Address	City		State	Zip
Are you 13 years or older? Yes / No Date of birth	Home Phone	()	Cell Phone	e <u>()</u>		
Gender: Height:tin Citizen of the USA: Yes / No If No, are you a lawfully admitted alien and authorized to work? Yes / No Have you ever been convicted of a crime? Yes / No (Criminal convictions are not a bar to employment but will be considered in relation to the specific job requirements.) If related to anyone in our employ, state name and position	Email address					
Gender: Height:tin Citizen of the USA: Yes / No If No, are you a lawfully admitted alien and authorized to work? Yes / No Have you ever been convicted of a crime? Yes / No (Criminal convictions are not a bar to employment but will be considered in relation to the specific job requirements.) If related to anyone in our employ, state name and position	Are you 18 years of	or older? Yes / No	Date of birth	1/	_/	
Citizen of the USA: Yes / No If No, are you a lawfully admitted alien and authorized to work? Yes / No Have you ever been convicted of a crime? Yes / No Criminal convictions are not a bar to employment but will be considered in relation to the specific job requirements. If related to anyone in our employ, state name and position	Gender: Male / Fe	emale		-	year	
Have you ever been convicted of a crime? Yes / No (Criminal convictions are not a bar to employment but will be considered in relation to the specific job requirements.) If related to anyone in our employ, state name and position					s/No	
If related to anyone in our employ, state name and position						onsidered in relation to the
How did you find out we were hiring?	Have you ever be	een convicted of a crime? Yes / No	specific job requireme	nts.)		
Image: Second Level Years Date School Years Date School Years Date Graduated Area of Study	If related to anyone	e in our employ, state name and position				
Employment Desired Full time Part time Position	How did you find o		and internet word of mouth o	ther)	-	
Position	Employment D		bard, internet, word or mouth, d			
Date you can start				E 11 (1		
Are you employed now? Yes / No If so, may we inquire of your present employer? Yes / No Supervisor's name Phone Have you ever applied for employment at State Trailer before? Yes / No If so when? Are you willing to relocate? Yes / No What days are you available to work? Day Night Saturdays Sundays Holidays How will you travel to work? Date School Level Name & Location of School Years Date Graduated Area of Study High School If so when? Trade School						
If so, may we inquire of your present employer? Yes / No Supervisor's name Phone Have you ever applied for employment at State Trailer before? Yes / No If so when? Are you willing to relocate? Yes / No What days are you available to work? Day Night Saturdays Sundays Holidays How will you travel to work? How will you travel to work? Education School Level Name & Location of School Years Date School Level Name & Location of School Attended Graduated Area of Study High School College Trade School Interview Int	•			Desired wage _		
Have you ever applied for employment at State Trailer before? Yes / No If so when? Are you willing to relocate? Yes / No What days are you available to work? Day Night Saturdays Bundays Holidays How will you travel to work? Education Years School Level Name & Location of School High School College						
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What days are you available to work? Day Night Saturdays Sundays Holidays How will you travel to work? Education School Level Name & Location of School Years Date Graduated Area of Study High School			Yes / No	If so when?		
How will you travel to work? Education School Level Name & Location of School Years attended Date Graduated Area of Study High School				. .		
Education Years Date School Level Name & Location of School attended Graduated Area of Study High School				Sundays	_ Holidays	_
School Level Name & Location of School Attended Graduated Area of Study High School	How will you travel					
School Level Name & Location of School attended Graduated Area of Study High School	Education		Veere	Data		
College Trade School	School Level	Name & Location of School				Area of Study
College Trade School	High School					
Trade School	5					
Trade School	College					
	College					
Other education	I rade School					
Other education						
	Other education					

Are you attending school now? Yes / No	If Yes, what days ar	id hours?	
Do you speak a foreign language? Yes / No	If so what language	?	
Subjects of special study or Research work			
	 · · · · · · · · · · · · · · · · · · ·		

US Military Service? _____ Rank _____

List your favorite hobbies/ interests: 1. _____ 2. ____ 3. _____

List any special skills:

Currently in the Nat'l Guard or Reserves? Yes / No

Employme	ent History				
List last four e	employers to include self employment, starting	ng with the most recent first			
From	Business Name	Supervisor Name	Wage Start		
То	Address	Supervisor Phone	Wage End		
Reason for leaving		Position / Duties	Position / Duties		
From	Business Name	Supervisor Name	Wage Start		
То	Address	Supervisor Phone	Wage End		
Reason for leaving		Position / Duties	Position / Duties		
From	Business Name	Supervisor Name	Wage Start		
То	Address	Supervisor Phone	Wage End		
Reason for leaving		Position / Duties	Position / Duties		
From	Business Name	Supervisor Name	Ware Stat		
	Business Name	Supervisor Name	Wage Start		
То	Address	Supervisor Phone	Wage End		
Reason for leaving		Position / Duties	·		

References: List the names of four persons not related to you.

Name	Phone/contact information	Business	Years known
1)			
2)			
3)			
4)			

Physical record:

Do you have any physical limitations the	hat would affect the pos	ition you are ap	oplying for?	
Have you ever been seriously injured	at work? Yes / No	Give Deta	ails	
Do you have any defects in <u>Hearing</u> ?	Yes / No <u>Vision</u> ?	Yes / No	Speech Yes / No	
Please notify in case of Emergency	Name		Address	
	Phone		Relationship	

I certify that the facts contained in this application are true and complete to the best of my knowledge and I hereby give State Trailer Supply permission to verify this information. I understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment. I agree to conform to the rules and regulations of the company and understand that my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I acknowledge that consideration for employment is contingent on the results of reference and background check. Therefore, I hereby authorize State Trailer Supply to 1) investigate the truthfulness of all statements made on this application 2) contact my former employers and other listed references or any other persons who can verify the information and 3) discuss the results of any investigation with other managers of State Trailer Supply involved in the hiring process. In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application. I also authorize State Trailer Supply to obtain a criminal background check.

Signature