

Application for Employment

State Trailer Supply

An Equal Opportunity Employer

Personal Information

Social Security Number _____

Date _____

Name _____
First

_____ Last

_____ Middle

Present Address _____
Street Address

_____ City

_____ State

_____ Zip

Home Phone (____) _____

Cell Phone (____) _____

Email address _____

Are you 18 years or older? **Yes / No**

Date of birth ____ / ____ / ____
month day year

Gender: **Male / Female**

Height: ____ ft ____ in

Citizen of the USA: **Yes / No**

If No, are you a lawfully admitted alien and authorized to work? **Yes / No**

(Criminal convictions are not a bar to employment but will be considered in relation to the specific job requirements.)

Have you ever been convicted of a crime? **Yes / No**

If related to anyone in our employ, state name and position _____

How did you find out we were hiring? _____

(Newspaper, sign, billboard, internet, word of mouth, other)

Employment Desired

Position _____

Full time ____ Part time ____

Date you can start _____

Desired wage _____

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? _____

Education

School Level	Name & Location of School	Years attended	Date Graduated	Area of Study
High School	_____			

College	_____			

Trade School	_____			

Other education	_____			

Are you attending school now? **Yes / No**

If Yes, what days and hours? _____

Do you speak a foreign language? **Yes / No**

If so what language? _____

Subjects of special study or Research work _____

US Military Service? _____ Rank _____

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

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

List any special skills: _____

(Continued on reverse side)

Employment History

List last four employers to include self employment, starting with the most recent first

From	Business Name	Supervisor Name	Wage Start
To	Address	Supervisor Phone	Wage End
Reason for leaving		Position / Duties	

From	Business Name	Supervisor Name	Wage Start
To	Address	Supervisor Phone	Wage End
Reason for leaving		Position / Duties	

From	Business Name	Supervisor Name	Wage Start
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From	Business Name	Supervisor Name	Wage Start
To	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 that would affect the position you are applying for? _____

Have you ever been seriously injured at work? **Yes / No** Give Details _____

Do you have any defects in Hearing? **Yes / No** Vision? **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.

Date _____

Signature _____