



P.O. BOX 331  
 557 Sam Powell Dairy Road  
 Roanoke Rapids, NC 27870

**Application for Employment**

**APPLICANT INFORMATION**

Last Name		First	M.I.	Date		
Street Address			Apartment/Unit #			
City		State	ZIP			
Phone		E-mail Address				
Date of Birth	Social Security No.		Driver's License #			
Have you ever operated heavy equipment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have a valid CDL? CLASS _____ YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

**Address (es) if different for the past three years:**

Street Address		Apartment/Unit #
City	State	ZIP

Street Address		Apartment/Unit #
City	State	ZIP

Street Address		Apartment/Unit #
City	State	ZIP

**Commercial Driving License**

State Issued From:		Number:	
Class:	Permit: ____yes ____no	Issued Date:	Expired Date:
State Issued From:		Number:	
Class:	Permit: ____yes ____no	Issued Date:	Expired Date:
State Issued From:		Number:	
Class:	Permit: ____yes ____no	Issued Date:	Expired Date:

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

Experience operating the following equipment	
Check the equipment you are qualified to drive and years' of experience	
Road Tractor-Trailer	Years _____ months _____
Buses	Years _____ months _____
Trucks	Years _____ months _____
Semitrailers	Years _____ months _____
Full Trailers	Years _____ months _____
Pole Trailers	Years _____ months _____
Low Boys Trailers	Years _____ months _____
Heavy Equipment	Years _____ months _____
List any special equipment experience:	

Motor Vehicle Accidents	
<i>For the last 3 years, list any motor vehicle accident you were involved in.</i>	
Date:	Cause of accident:
Fatalities/Deaths ____ YES or ____ NO	Were there any personal injuries to anyone? ____ YES or ____ NO
Date:	Cause of accident:
Fatalities/Deaths ____ YES or ____ NO	Were there any personal injuries to anyone? ____ YES or ____ NO
Date:	Cause of accident:
Fatalities/Deaths ____ YES or ____ NO	Were there any personal injuries to anyone? ____ YES or ____ NO

Motor Vehicle Law Violations	
<i>For the last 3 years, list any motor vehicle law violations other than parking tickets. Convictions or plea agreements</i>	
Date:	Violation:
Misdemeanor ____ YES Felony ____ YES	Result in suspension or revocation of license: ____ YES. explain:
Date:	Violation:

Misdemeanor ____YES Felony ____YES	Result in suspension or revocation of license: _____YES. explain:
Date:	Violation:
Misdemeanor ____YES Felony ____YES	Result in suspension or revocation of license: _____YES. explain:

## REFERENCES

*Please list three professional references.*

Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

## MILITARY SERVICE

Branch	From            To
Rank at Discharge	Type of Discharge
If other honorable, explain	

**PREVIOUS EMPLOYMENT FOR THE PAST 3 YEARS**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date