



***Fleet  
Specialists***

***APPLICATION FOR EMPLOYMENT***

**PERSONAL INFORMATION**

**DATE** \_\_\_\_\_

\_\_\_\_\_  
Name (last) (first) (M.I)

\_\_\_\_\_  
Address (Street) (City) (State) (Zip)

Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

**DRIVER INFORMATION (to be completed if applicable to position applied for)**

\_\_\_\_\_  
Driver's License No State

**EMPLOYMENT DESIRED**

Position Desired \_\_\_\_\_ Date you can begin \_\_\_\_\_

Salary Expected: \$ \_\_\_\_\_ per \_\_\_\_\_

**EDUCATION**

\_\_\_\_\_  
College or Tech School Years Completed Degree Obtained

\_\_\_\_\_  
High School Years Completed Courses Studied

\_\_\_\_\_  
Other Education (Courses, Years of Study)

**PLEASE READ CAREFULLY BEFORE COMPLETING AND SIGNING THIS APPLICATION**

1. Certain positions at this company may not be held by persons convicted of certain crimes. If you are applying for such a position and have been convicted of a crime, please note below. If more room is needed, please give details on a separate piece of paper.

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Signature of this application gives the employer authority to run a Motor Vehicle Report. Our insurance company may also run a report. If the position you are applying for constitutes driving a motor vehicle, it is imperative that you have a good driving record.

2. Signature of this application gives the employer authority to engage an investigative consumer-reporting agency to report on my credit card personal history. A copy of the report may be made available to me on request.

3. If selected as a candidate for employment, I will be given a pre-employment physical, which include drug and alcohol screening. I understand that no confidential, personal information will be kept in my file and that only a physician's statement will be received relative to the physical.

4. Do you have specific physical requirements or limitations that may affect your job performance?  
\_\_\_\_\_ If yes, please explain on a separate piece of paper.

5. In accord with IRCA '86, if hired you will be responsible for verifying your legal right to work in the United States by providing photocopies of supporting documentation of your identity.

**THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN, HANDICAP, RELIGIOUS PREFERENCE OR VETERAN STATUS.**

**EMPLOYERS LISTED BELOW MAY BE CONTACTED UNLESS INDICATED OTHERWISE. DO NOT CONTACT # \_\_\_\_\_, \_\_\_\_\_.  
REASON \_\_\_\_\_**

**I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS HEREIN IS CAUSE FOR TERMINATION IF HIRED AND I HAVE READ AND UNDERSTAND THIS APPLICATION AND HAVE ANSWERED ALL PORTIONS TRUTHFULLY AND CORRECTLY.**

**I FURTHER UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THIS APPLICATION VALID FOR 30 DAYS**

## EMPLOYMENT HISTORY

Please give accurate and complete employment history. Begin with present or most recent employer.

1. \_\_\_\_\_  
Company Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

\_\_\_\_\_ Reason for leaving \_\_\_\_\_

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2. \_\_\_\_\_  
Company Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

\_\_\_\_\_ Reason for leaving \_\_\_\_\_

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3. \_\_\_\_\_  
Company Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ Job Title \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Dates Employed \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

\_\_\_\_\_ Reason for leaving \_\_\_\_\_

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