

Fleet Specialists

APPLICATION FOR EMPLOYMENT

	ON:	:		DATE:	
Name (Last)	(First)	(M.I.)			
Address (Street)		(City)		(State)	(Zip)
Cell Phone Number:					
Home Phone Number:					
Emergency Contact Name:			Phone Number:		
DRIVER INFORMATION (t	o be completed if a	pplicable to position	n applied for)		
Drivers License No			State		
EMPLOYMENT DESIRED					
Position Desired			Date you can be	egin	
Salary Expected: \$	per				
EDUCATION					
College or Tech School		Years Complet	ted	Degree Obta	ined
High School		Years Comple	ted	Courses Stu	died

EMPLOYMENT HISTORY

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

1.		
Company Name	Tel. No.	
	I. 1. 70°.4	
Address	Job Title	
Supervisor's Name	Dates Employed	
	The second se	
Describe Work Performed		
	Reason for leaving	
2.		
2Company Name	Tel. No.	
Address	Job Title	
<u> </u>		
Supervisor's Name	Dates Employed	
Describe Work Performed		
	Reason for leaving	
3		
Company Name	Tel. No.	
Address	Job Title	
	500 mie	
Supervisor's Name	Dates Employed	
Describe Work Performed		
	Reason for leaving	

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.

2. Signature of this application gives the employer authority to run a Motor Vehicle Report and a criminal background check. 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.

3. If selected as a candidate for employment, I will be given a pre-employment drug and alcohol screening testing.

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 FROM PAGE TWO 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 THIS APPLICATION 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 IS VALID FOR 30 DAYS.

Wapiti NW Fleet Services . 7319 NE 37th Ave . Vancouver, WA 98665 . office@wapitinw.com . 360-953-8233