

Employment Application

Name: _____ Phone: ()
Phone: ()

Street Address: _____ Apt. _____

City: _____ State: _____ Zip: _____

Height	Weight	Race	Sex	Date of Birth	Marital Status
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Social Security Number _____

PAST EMPLOYERS

Company Name: _____

Street Address: _____

Supervisor: _____

Dates of Employment: _____

Salary: _____ Position Held: _____

Company Name: _____

Street Address: _____

Supervisor: _____

Dates of Employment: _____

Salary: _____ Position Held: _____

Company Name: _____

Street Address: _____

Supervisor: _____

Dates of Employment: _____

Salary: _____ Position Held: _____

EDUCATION

High School: _____ From: _____ To: _____

Votech: _____ From: _____ To: _____

College: _____ From: _____ To: _____

AES Certification Held: _____

Employment Application

PERSONAL INFORMATION

Have you ever been injured on the job? _____ Where? _____

Type of injury? _____ When? _____

Did you receive Workman's Compensation? _____

Employed by whom? _____

Name of Compensation Carrier? _____

Do you currently have any medical problems that may interfere with your job performance? _____

Please include any disabilities, back problems, etc. _____

Have you ever been arrested? _____ When? _____

What was the charge? _____

Were you convicted? _____

When are you available for work? _____

What earnings range are you looking for? _____

Any problem working overtime, weekends, and holidays? _____

Person to notify in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Personal References

Name: _____

Address: _____

How long has this person known you? _____

Phone Number: _____

Name: _____

Address: _____

How long has this person known you? _____

Phone Number: _____

Name: _____

Address: _____

How long has this person known you? _____

Phone Number: _____

I hereby authorize First Parish Transportation, Corp. to request from any source and authorize the release of any information pertaining to my past employment, medical history, criminal record, driving record or other information.

Name: _____ SSN# _____

Date of Birth: _____

Signature: _____ Date: _____

All statements and answers are true to the best of my knowledge. I realize willfully giving false information will result in immediate dismissal.

Signature: _____