# Employment Application BT&S logo 9-26-19

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  |  Email: |  |

|  |  |
| --- | --- |
|  |  |
| Position Applied for: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you belong to a union? | YES[ ]  | NO[ ]  |  If yes, which union/local? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can you travel if a job requires it? | YES[ ]  | NO[ ]  |  How did you learn about us? |  |
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|   |
|  |   |
|  |

## Education

|  |
| --- |
| Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 |
|  |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |
|  |  |  |  |  |  |  |  |  |
| List courses, training and certifications: |  |
|  |
|  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
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## Driving Experience and Qualifications

|  |
| --- |
| ACCIDENT RECORD for past 3 years. If none, write none.  |
|  | Dates |  | Nature of Accident *(Head-on, Rear-end, Upset, Etc.)*  |  | Fatalities/Injuries |
|  |
| Last Accident: |  |  |  |  |  |
| Next Previous: |  |  |  |  |  |
| Next Previous: |  |  |  |  |  |
| *(Attach sheet if more space is needed)* |

|  |
| --- |
| EXPERIENCE AND QUALIFICATIONS – DRIVER  |
| *List all driver licenses or permits held in the past 3 years* |
|  | State |  | License Number |  | Type |  | Expiration Date |
|  |
| DRIVER |  |  |  |  |  |  |  |
| LICENSES |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 | YES[ ]  | NO[ ]  |  |
| 1. Has any license, permit or privilege ever been suspended or revoked?
 | YES[ ]  | NO[ ]  |  |
| IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS |
|  |

|  |
| --- |
| DRIVING EXPERIENCE check yes or no |
| Class of Equipment |  | Equipment Type *(Van, Tank, Flat, Etc.)* |  | No. of Years |  | Approx. No. of Miles *(Total)* |
|  |
| Straight Truck | YES[ ]  | NO[ ]  |  |  |  |  |  |
| Tractor and Semi-Trailer | YES[ ]  | NO[ ]  |  |  |  |  |  |
| Motorcoach | YES[ ]  | NO[ ]  |  |  |  |  |  |
| Other | YES[ ]  | NO[ ]  |  |  |  |  |  |

|  |  |
| --- | --- |
| List states operated in for last five years |  |

|  |  |
| --- | --- |
| Date of last DOT physical examination? |  |

## To be read and signed by applicant

It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty and be grounds for dismissal.

It is agreed and understood that the employer or his agents may investigate the applicant’s background to ascertain any and all information of concern to applicant’s record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

It is agreed and understood that passing a physical examination is a condition of employment.

It is agreed and understood that the employer or his agents may obtain from the Department of Motor Vehicles a copy of my Motor Vehicle Violations Record.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ me; and it is understood that if hired, I may be on a probationary period during which I may be discharged without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand and authorize that the information in this application will be verified and that prior employers may be contacted.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |

***Bloomfield Transport & Sweeping*** is an equal opportunity employer that is committed to diversity and inclusion in the work place. We prohibit discrimination and harassment of any kind based on race, color, sex, religion sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state or local laws.