

# APPLICATION FOR EMPLOYMENT

## Kingdom Transportation inc.

**PERSONAL INFORMATION** SOCIAL SECURITY NO. \_\_\_\_\_

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

**NAME**

LAST

FIRST

MIDDLE

**PRESENT ADDRESS**

STREET

CITY

STATE

ZIP

**PERMANENT ADDRESS**

STREET

CITY

STATE

ZIP

**PHONE NO.** \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?

Yes

No

ARE YOU A CITIZEN, PERMANENT RESIDENT OF THE UNITED STATES OR LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes

No

**EMPLOYMENT DESIRED**

**POSITION**

**HOURS AVAILABLE**

**DATE YOU CAN START**

**SALARY DESIRED**

ARE YOU CURRENTLY EMPLOYED?

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO OR WORKED FOR THIS COMPANY BEFORE?

IF YES WHEN?

REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**DRIVING HISTORY:**

PLEASE LIST ANY CURRENT OR PREVIOUS DRIVING AND TRAFFIC VIOLATIONS WITHIN THE LAST 7 YEARS.

**DRIVERS LICENSE NO. AND STATE** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

U. S MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

LAST

FIRST

MIDDLE

**PREVIOUS EMPLOYMENT:** (PLEASE LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**LIST ANY SPECIAL SKILLS OR CURRENT LICENSES:**

**REFERENCES:** PLEASE LIST THREE PROFESSIONAL REFERENCES OF PERSONS NOT RELATED TO YOU.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**EMERGENCY CONTACT:**

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

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