



HAVE YOU BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION YOU ARE APPLYING FOR?

YES  NO

IF NO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE UNABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, IS THERE A REASONABLE ACCOMODATION WHICH COULD BE MADE TO ASSIST YOU IN THIS JOB? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION & TRAINING**

	<u>SCHOOL NAME</u>	<u>LOCATION(CITY,STATE)</u>	<u>MAJOR</u>	<u>GRADUATED</u>
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE/UNIVERSITY	_____	_____	_____	_____
GRADUATE SCHOOL	_____	_____	_____	_____

ARE YOU CURRENTLY ATTENDING SCHOOL?  YES  NO

NAME OF SCHOOL \_\_\_\_\_ MAJOR \_\_\_\_\_

LIST MACHINES, WORK APPLIANCES, OFFICE EQUIPMENT, ETC, ON WHICH YOU HAVE HAD EXPERIENCE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE EXPERIENCE, EDUCATION, AND TRAINING APPLICABLE TO THE POSITION YOU ARE APPLYING FOR.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES (DO NOT LIST RELATIVES AND LIST ONLY IF KNOWN AT LEAST 1 YEAR)**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY,STATE ZIP \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY,STATE ZIP \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY,STATE ZIP \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY,STATE ZIP \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**EMPLOYMENT HISTORY**

BEGIN WITH PRESENT OR LAST EMPLOYER	DATES OF EMPLOYMENT	WORK PERFORMED AND SUPERVISORS	EARNINGS PER HR, WK, MO, OR YR	REASON(S) FOR LEAVING
COMPANY STREET CITY, STATE ZIP PHONE NUMBER	FROM  TO	JOBS HELD  SUPERVISORS		
COMPANY STREET CITY, STATE ZIP PHONE NUMBER	FROM  TO	JOBS HELD  SUPERVISORS		
COMPANY STREET CITY, STATE ZIP PHONE NUMBER	FROM  TO	JOBS HELD  SUPERVISORS		
COMPANY STREET CITY, STATE ZIP PHONE NUMBER	FROM  TO	JOBS HELD  SUPERVISORS		
COMPANY STREET CITY, STATE ZIP PHONE NUMBER	FROM  TO	JOBS HELD  SUPERVISORS		

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?  YES  NO

IF NO, PLEASE NOTE THOSE YOU DO NOT WISH US TO CONTACT BY PLACING AN (X) BY THE EMPLOYER.

PLEASE EXPLAIN ANY LAPSE IN EMPLOYMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MILITARY SERVICE**

DATE ENTERED \_\_\_\_\_

BRANCH OF SERVICE \_\_\_\_\_

DATE DISCHARGED \_\_\_\_\_

HIGHEST RANK ATTAINED \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF:

NATIONAL GUARD     RESERVE     OTHER

DESCRIBE DUTIES PERFORMED: \_\_\_\_\_

\_\_\_\_\_

**DRIVING HISTORY**

CURRENT VALID DRIVER LICENSES OR PERMITS:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

COMMERCIAL VEHICLE DRIVING EXPERIENCE FOR PAST 10 YEARS (LIST ADDITIONAL IN ADDITIONAL DRIVING INFORMATION SECTION)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	TOTAL MILES OF OPERATION	DATES OF OPERATION		EMPLOYER NAME (MUST BE FILLED OUT)
			FROM	TO	
BUS					
BUS					
BUS					
STRAIGHT TRUCK					
STRAIGHT TRUCK					
STRAIGHT TRUCK					
TRACTOR/SEMI-TRAILER					
TRACTOR/SEMI-TRAILER					
TRACTOR/SEMI-TRAILER					
OTHER					
OTHER					
OTHER					

ACCIDENT RECORD FOR PAST 3 YEARS (LIST ADDITIONAL IN ACCIDENT DRIVING INFORMATION SECTION)

	DATE OF ACCIDENT	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES
LAST ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				
PREVIOUS ACCIDENT				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS):

LOCATION (CITY, STATE)	DATE	CHARGE	PENALTY

ARE YOU AT LEAST 21 YEARS OF AGE?  YES  NO

HAVE YOU BEEN DRIVING AT LEAST 3 YEARS?  YES  NO

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?  YES  NO  
(IF YES, EXPLAIN IN NEXT SECTION)

HAS ANY LICENSE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?  YES  NO

DETAILS OF DRIVER'S LICENSE DENIALS, SUSPENSIONS, AND REVOCATIONS:

STATE	LICENSE NUMBER	REASON FOR DENIAL OR LOSS OF PRIVILEGE	DATES OF DENIAL OR LOSS OF PRIVILEGE	
			FROM	TO

ADDITIONAL DRIVING INFORMATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INFORMATION**

LIST ANY PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD, EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC. EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ON ENTERING EMPLOYMENT, I AGREE TO OBSERVE ALL THE RULES OF MY EMPLOYER, AND TO PERFORM SATISFACTORILY SUCH DUTIES AS MAY BE ASSIGNED TO ME FROM TIME TO TIME. I UNDERSTAND THAT ANY CONTINUATION OF MY EMPLOYMENT SHALL DEPEND UPON THE SATISFACTORY PERFORMANCE OF MY JOB. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME.

I HEREBY AUTHORIZE LAN-TEL COMMUNICATION AND UNDERGROUND SERVICES, INC. OR ITS AGENTS, TO MAKE A THOROUGH INVESTIGATION OF MY PAST EMPLOYMENT AND ACTIVITIES, INCLUDING A CHECK OF MOTOR VEHICLE RECORDS AS REQUIRED BY LAW.

I DO HEREBY RELEASE SAID COMPANY AND ITS AGENTS - AND ALL PERSONS, COMPANIES AND CORPORATIONS SUPPLYING SUCH INFORMATION TO THE SAID COMPANY AND ITS AGENTS - FROM ANY CLAIMS AND ALL LIABILITY THAT MIGHT ARISE FROM THIS INVESTIGATION INTO MY APPLICATION FOR EMPLOYMENT.

I UNDERSTAND THAT ANY FALSE ANSWER OR STATEMENTS MADE BY ME ON THIS APPLICATION OR OTHER REQUIRED DOCUMENTS MAY BE CONSIDERED SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR DISCHARGE.

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.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH OUR COMPANY.