

Employment Application

Applicant Name: _____

Position Requested

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Call Center Agent | <input type="checkbox"/> Admin / Clerical | <input type="checkbox"/> Driver _____ |
| <input type="checkbox"/> Mechanic | <input type="checkbox"/> Management | <input type="checkbox"/> Other _____ |

Referral Source

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Advertisement / Newspaper |
| <input type="checkbox"/> Friend / Relative _____ | | <input type="checkbox"/> Other _____ |

How to Complete this Application

1. Use a black ink pen to complete the form. Print neatly, so your answers are easy to read. If you need more space, attach an additional sheet of paper.
2. Answer all of the questions completely. If you do not understand a question, ask the manager to explain it.
3. Carefully read the information on the application. Once you have answered all the questions and read all the information, sign the application.
4. Applications should be filled out on our premises.

Applicant's Affidavit

1. The information I am presenting in this application is complete, true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions could result in the denial of my application, withdrawal of any offer of employment, or immediate discharge.
2. I understand that in connection with the application process, the company and its representatives may contact my former employers, educational institutions, references, and other relevant third parties to obtain additional information related to the information given by me in this application. I hereby request, release, and consent to the release and disclosure of such information. I further release and hold harmless the company, their officers, employees and agents, and any other parties inquiring about, investigating, furnishing, communicating, reviewing, or evaluating such information from any and all potential claims, damages, liabilities, and / or actions of any kind arising from such activities, whether known or unknown to me presently, that I may have, now or in the future.
3. If employed, I agree to conform to the rules and regulations of the company and understand that I will be an employee-at-will, and my employment may be terminated at any time by me or the company, with or without notice, for any reason.

Place
Photo
Here

Office Use Only
Dept: _____ Hire Date _____
Division: CHALLENGER TRANSPORTATION INC.

Personal Information

_____ Day _____ Date _____
Name: _____
Last First Middle Nickname

Address for last seven (7) years of residency:

1 _____
Number Street City State Zip Code Dates of Residency

2 _____
Number Street City State Zip Code Dates of Residency

3 _____
Number Street City State Zip Code Dates of Residency

4 _____
Number Street City State Zip Code Dates of Residency

Phone Number () _____ Email Address: _____
Area Code Number

Cell Number () _____ Social Security # _____
Area Code Number

In case of emergency contact: _____ Relationship _____
at () _____ Your Date of Birth _____
Area Code Number

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

If you become employed and you are under age 18, can you furnish a work permit? Yes No

Can you, after employment, submit verification of your legal right to work in the U.S.A.? Yes No

Have you ever been convicted of a felony, a crime involving dishonesty, a crime involving theft, or a crime involving violence to another person? Yes No

If yes, please describe. NOTE: Falsifying information will lead to disqualification

Driver's License Number: _____

State Issued: _____ **Date Issued:** _____ **Date Expire:** _____ **Copy of Cert. MVR 5 yrs.**

Work Experience - Include up to 10 years of employment ; Write explanation for any gap in employment exceeding thirty (30) calendar days use section(s) additional notes on Page 4 or additional info on Page 5:

1	Employer	Phone Number	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
2	Employer	Phone Number	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
3	Employer	Phone Number	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
4	Employer	Phone Number	Dates Employed		Work Performed
		()	From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				

Work Experience - Include up to 10 years of employment ; Write explanation for any gap in employment exceeding thirty (30) calendar days use section(s) additional notes below or

5	Employer	Phone Number ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
6	Employer	Phone Number ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				
7	Employer	Phone Number ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
	Supervisor		Starting	Final	
	Reason for Leaving				

Additional Notes: _____

Education			
	High School	College / University	Graduate / Professional
School Name			
Grade/Years Completed	8 9 10 11 12	1 2 3 4 5	1 2 3 4 5
Diploma/Degree			
Course of Study			

References

List three school, work, or personal references who we may contact. Do not list relatives or former supervisors.

Reference Name	Telephone No.	Relationship	How long have you known this person?	Type of Reference (School/Work/Personal)

Availability: The program runs 24 hours a day and 7 days a week

Various Shift Schedules: 2:00am-1:00pm, 4:45am-6:45pm, 12:45pm-3:00am

You must be available any day and time of the week.

If hired, what date would you be available for work? _____

Indicate mode of transportation to get to and from to work :

Personal Vehicle _____ Public Transportation _____

Additional Information

Summarize special skills and qualifications acquired from employment or other experience. Also, provide any additional information you feel may be helpful to us in considering your application for employment.

Equal Opportunity Employer Disclosure

Our company is an equal opportunity employer and will consider all applicants for all positions equally without without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act. All hiring decisions are made without prejudice or discrimination.

Applicant Signature

Date