

SCHOOLING	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL			
OTHER			

REFERENCES

LIST THREE PEOPLE NOT RELATED TO YOU,WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR		
<u>NAME</u>	<u>PHONE NUMBER</u>	<u>YEARS KNOWN</u>
1.		
2.		
3.		

Have you ever been convicted of a felony? Yes No

If yes, describe _____

IF YOU ARE APPLYING FOR A DELIVERY AND/OR WAREHOUSE POSITION...

Do you have any limiting or physical condition(s) that may prevent you from completing such tasks such as (Y=yes, N=no).

Lifting heavy equipment (300 LBS)
 Reading road maps
 Extreme hot or cold weather
 Operating heavy machinery
 Driving a truck or van
 Other: _____

If yes to any of the above, explain _____

LIST ANY AND ALL TRAFFIC VIOLATIONS/ACCIDENTS AND DATES:

DATE: ____ / ____ / ____ VIOLATION/ACCIDENT: _____

DATE: ____ / ____ / ____ VIOLATION/ACCIDENT: _____

DATE: ____ / ____ / ____ VIOLATION/ACCIDENT: _____

PAST EMPLOYMENT INFORMATION:

1. COMPANY NAME: _____	SALARY \$: _____
CITY: _____ STATE: _____	INCENTIVE: _____
PHONE: (____) _____ - _____	BENEFITS: _____
JOB TITLE: _____	ENDING W-2 PAY \$: _____
JOB DESCRIPTION: _____	START DATE: ____ / ____ / ____
	END DATE : ____ / ____ / ____
	WHY LEAVE? _____
SUPERVISOR NAME/TITLE: _____	
OFFICE USE ONLY: DATE ____ / ____ / ____ SPOKE WITH (NAME) _____	
COMMENTS _____	