



636.937.5566  
636.931.5566

## EMPLOYMENT APPLICATION

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Present Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Telephone \_\_\_\_\_ Secondary Telephone \_\_\_\_\_

### Employment Desired

Position: \_\_\_\_\_ Available to Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, may we contact your current employer? \_\_\_\_\_

Have you previously applied to work at A-1 Truck & Auto? \_\_\_\_\_ When? \_\_\_\_\_

### Education

	School Name & Location	Years Attended	Did you graduate?	Major, Minor, and/or Certifications
High School				
College				
Trade School				
Other				

Additional Studies: \_\_\_\_\_

Special Skills: \_\_\_\_\_

US Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_



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Former Employers (Starting with most recent)

Date (Month/Year)	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Please provide references of three persons not related to you whom you have known at least one year:

Name	Address	Telephone	Business	Years Known

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.



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I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature \_\_\_\_\_ Date \_\_\_\_\_