



Date: _____

Employee Application Form

Please fill in the information below.

APPLICANT INFORMATION

Full Name: _____ Position Desired: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

EMPLOYMENT ELIGIBILITY

Are you a U.S. Citizen? Yes ☐ No ☐ If No, are you authorized to work in the U.S.? Yes ☐ No ☐

Have you ever worked for FEHRS? Yes ☐ No ☐ If Yes, when? _____

Have you ever been convicted of a felony? Yes ☐ No ☐ If Yes, explain: _____

EDUCATION

High School: _____

City: _____ State: _____ Diploma? Yes ☐ No ☐

College/University: _____

City: _____ State: _____ Diploma? Yes ☐ No ☐

WORK HISTORY

Company Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Date Started: _____ Date Ended: _____ Supervisor: _____

Reason for Leaving: _____

May we contact your supervisor as a reference? Yes ☐ No ☐

WORK HISTORY

Company Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Date Started: _____ Date Ended: _____ Supervisor: _____

Reason for Leaving: _____

May we contact your supervisor as a reference? Yes ☐ No ☐

PROFESSIONAL REFERENCES (PLEASE LIST THREE)

Full Name: _____ Relationship: _____

Company: _____ Phone #: _____

Address: _____ City: _____ State: _____

Full Name: _____ Relationship: _____

Company: _____ Phone #: _____

Address: _____ City: _____ State: _____

Full Name: _____ Relationship: _____

Company: _____ Phone #: _____

Address: _____ City: _____ State: _____

Acknowledgements***Drug & Alcohol Testing***

By signing this document, you are consenting to a Pre-Employment drug screen, as well as our Monthly Random Testing Policy as stated in our Company Handbook. Furthermore, you are consenting to release a copy of your Drug/Alcohol Test Results to customers and/or representatives (NCMS) when needed for audit purposes.

MVR Request

By signing this document, you are giving us your consent to pull your MVR Data to establish your eligibility to operate a Company Fleet Vehicle.

Certification

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Print Applicant Name

Date

Applicant Signature