

**Fast Truck and Trailer, LLC**

 125 Industrial Park Road • Benton, IL 62812

 Ph: (618) 438-8411 • Fax: (618) 435-2446

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law

APPLICATION FOR EMPLOYMENT

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| --- | --- | --- | --- | --- | --- | --- |
| PERSONAL | Last Name |  | First | Middle |  | Date |
| Street Address |  |  |  |  | Home Telephone( ) |
| City, State, Zip |  |  |  |  | Business Telephone( ) |
| Have you ever applied for employment with us  Yes No If yes : Month and Year \_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Social Security # |
| Position Desired |  |  |  |  | Pay Expected |
| Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Will you work over time if asked? Yes No |
| Are you legally eligible for employment in the United States? |  |  | When will you be available to begin work? \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes No If “yes” describe in full.   | Have your ever been bonded? Yes No If “yes” with what employers? |
| Other special training or skills (languages, machine operations, etc.)  |  |  |

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| EDUCATION | SCHOOL | Name and Location of School | Course of Study | No. of Years Completed | Did you Graduate?Yes or No | Degree or Diploma |
| Certificates/Degree |  |  |  |  |  |
| Certificates/Degree |  |  |  |  |  |
| College |  |  |  |  |  |
| Business/Trade/Technical |  |  |  |  |  |
| High School |  |  |  |  |  |
| Elementary |  |  |  |  |  |

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| EMPLOYMENT | Please give accurate, complete full-time and part-time employment /record. Start with your present or most recent employer. |

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| **1** | Company Name | Telephone( ) |
| Address | Employed – (Start month and year)From To |
| Name of Supervisor | Weekly payStart Last |
| State Job Title and describe your work | Reason for leaving |
|  |  |  |  |
| **2** | Company Name | Telephone( ) |
| Address | Employed – (Start month and year)From To |
| Name of Supervisor | Weekly payStart Last |
| State Job Title and describe your work | Reason for leaving |
|  |  |  |  |
| **3** | Company Name | Telephone( ) |
| Address | Employed – (Start month and year)From To |
| Name of Supervisor | Weekly payStart Last |
| State Job Title and describe your work | Reason for leaving |
|  |  |  |  |
| **4** | Company Name | Telephone( ) |
| Address | Employed – (Start month and year)From To |
| Name of Supervisor | Weekly payStart Last |
| State Job Title and describe your work | Reason for leaving |
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| We may contact the employers listed above unless you indicate those you do not want us to contact. | **DO NOT CONTACT** |
| Employer Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **MILITARY** | Did you service in theU.S. Armed Forces Yes No  | If “Yes” in what Branch? |
|  | Describe any training received to the position for which you are applying. |  |
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**Experience/Qualifications – Maintenance/Mechanical**

List types of maintenance/mechanical equipment experience/training and years of each

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| **Equipment** | **# of Yrs** |  | **Equipment** | **# of Yrs** |
| Woodworking Equipment |  |  | Welder |  |
| Sheet Metal Equipment |  |  | Oxyacetylene Torch  |  |
| Clutch Replace |  |  | Paint Spray Gun |  |
| Differential/Repair/Replace |  |  | Wheel/Tire Bal. Machine |  |
| Transmission/Repair/Replace |  |  | Air Brakes |  |
| Body Work |  |  | Hydraulic Brakes |  |
| Frame/Axle Straightening Equipment |  |  | Alignment Machine |  |
| Electrical/Ignition Repair |  |  | Engine Rebuilding Equipment |  |
| Diesel Injection Equipment |  |  |  |  |
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| **ADDITIONAL INFORMATION**Membership in professional and civic organizations, special accomplishments, awards, etc. |
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| **APPLICANT’S SIGNATURE** |
| Please read and understand this statement before signing your application. The Information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.   I authorize the employer to contact and obtain information about me form previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in the application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives , for seeking, and using information to evaluate my employment request and all other persons corporations or organizations who provide information for this purpose This application will expire in 30 Days. After that date, unless otherwise notified, I understand that the status as an applicant will end. I may re-apply for employment in the further by completing a new application.  This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, without cause and without prior notice, unless required by law. II understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the forgoing and then only in writing signed by such officer. |
| **I fully understand and accept all terms and conditions in the above statement.** |
|  Date: Signature: |