

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
(please print)



W53534 Big Kegama Rd. Sarona, Wi. 54870-9004

# EMPLOYMENT APPLICATION

## FOR COMPANY USE

Applicant Hired \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

(If rejected, summary report of reasons should be placed in file)

Signature of interviewing \_\_\_\_\_

## TERMINATION OF EMPLOYMENT

Date Terminated \_\_\_\_\_ Department released from \_\_\_\_\_

Dismissed \_\_\_\_\_ Voluntarily quit \_\_\_\_\_ Other \_\_\_\_\_

Reason for termination \_\_\_\_\_

Supervisor signature \_\_\_\_\_

Lynn's Honeywagon is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

# Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Soc. Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required for Commercial Drivers)

List your addresses of residency for the past 3 years.

## Current Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ How Long? Yr. \_\_\_\_\_ M. \_\_\_\_\_

## Previous Addresses:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ How Long? Yr. \_\_\_\_\_ M. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ How Long? Yr. \_\_\_\_\_ M. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ How Long? Yr. \_\_\_\_\_ M. \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Position \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you have any relatives working for Lynn's Honeywagon? \_\_\_\_\_ Who \_\_\_\_\_ Pay expected \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since last employed? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain fully on a separate sheet of paper.

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Are you able to lift over 75 pounds? \_\_\_\_\_ Are you able to bend or kneel for extended periods of time? \_\_\_\_\_

If you are under 18, do you have a work permit? \_\_\_\_\_ If not, are you willing to obtain one? \_\_\_\_\_

Circle Highest Grade Completed: High School 9 10 11 12 College, Trade or Business 1 2 3 4

Last School Attended (Name) \_\_\_\_\_ City/State \_\_\_\_\_

# Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Please list complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if needed.)

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/Wage \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
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Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
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Contact Person_____	Phone_____	
Reason for Leaving_____		

Employer Name_____	From_____	To_____
Address_____	Position_____	
City_____	State_____	Zip_____
	Salary/Wage_____	
Contact Person_____	Phone_____	
Reason for Leaving_____		

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

# Driving Record

List your accident record for the last three (3) years. Include dates, nature of accident (head-on, rear-end, upset, ect), fatalities, injuries, and if there was a hazardous material spill. (Attach additional sheets is more space is needed) If none, write NONE.

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List any traffic convictions and forfeitures for the last three (3) years (other than parking violations). Include location, date, charge, and penalty. (Attach additional sheets is more space is needed) If none, write NONE.

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List your driver experience and qualifications. Include driver licences or permits held in the past three (3) years, issuing state, license no., class, endorsement(s), and expiration date. (Attach additional sheets is more space is needed) If

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Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
If yes, explain \_\_\_\_\_

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Has an license, permit, or privilege ever been suspended or revoked? Yes  No   
If yes, explain \_\_\_\_\_

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Do you have experience with the following: Please check yes or no

Straight Truck	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type _____	Dates _____	# of miles _____
Tractor and Semi-Trailer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type _____	Dates _____	# of miles _____
Tractor and Two Trailers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type _____	Dates _____	# of miles _____
Tractor and Three Trailers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type _____	Dates _____	# of miles _____
Motor coach- School Bus >8	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type _____	Dates _____	# of miles _____
Motor coach- School Bus >15	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type _____	Dates _____	# of miles _____
Other _____				

List states operated in for the last five (5) years. \_\_\_\_\_  
\_\_\_\_\_

Show special courses or training that will help you as a driver: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_  
\_\_\_\_\_

Show any trucking, transportation, or other experiences that may help in your work for this company  
\_\_\_\_\_  
\_\_\_\_\_

List courses and training other than shown elsewhere in this application  
\_\_\_\_\_  
\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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