

Last Name \_\_\_\_\_



### APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any protected group status.

Position(s) applied for \_\_\_\_\_

Date of application \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cellular Number \_\_\_\_\_

Email Address \_\_\_\_\_

List your address of residency for the past 3years

Current Address \_\_\_\_\_  
Street City State& Zip code How Long?

Previous Address \_\_\_\_\_  
Street City State& Zip code How Long?

Previous Address \_\_\_\_\_  
Street City State& Zip code How Long?

Previous Address \_\_\_\_\_  
Street City State& Zip code How Long?

Do you have the legal right to work in the United States? Yes No

Can you provide proof of age? Yes No

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Required for Commercial Drivers Only)

Have you worked for Condor Moving Systems before? Yes No Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Are you now employed? Yes or No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? Yes No If so, name of bonding company \_\_\_\_\_

Have ever been convicted of a felony? Yes No

If yes, please explain below and on the back of this paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

**All driver applicants** to drive in **interstate commerce** must provide the following information on all employers during the preceding **3 years** list complete mailing address, street number, city, state & zip code. Applicants to drive a commercial motor vehicle in **interstate commerce 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 as necessary.)

EMPLOYER	DATE					
NAME	FROM	MONTH:	YEAR:	TO	MONTH:	YEAR:
ADDRESS	POSITION HELD					
CITY STATE ZIP	SALARY/WAGE					
CONTACT PERSON	REASON FOR LEAVING					
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS CDL?						

EMPLOYER	DATE					
NAME	FROM	MONTH:	YEAR:	TO	MONTH:	YEAR:
ADDRESS	POSITION HELD					
CITY STATE ZIP	SALARY/WAGE					
CONTACT PERSON	REASON FOR LEAVING					
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS CDL?						

EMPLOYER	DATE					
NAME	FROM	MONTH:	YEAR:	TO	MONTH:	YEAR:
ADDRESS	POSITION HELD					
CITY STATE ZIP	SALARY/WAGE					
CONTACT PERSON	REASON FOR LEAVING					
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS CDL?						

EMPLOYER	DATE					
NAME	FROM	MONTH:	YEAR:	TO	MONTH:	YEAR:
ADDRESS	POSITION HELD					
CITY STATE ZIP	SALARY/WAGE					
CONTACT PERSON	REASON FOR LEAVING					
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS CDL?						

EMPLOYER	DATE					
NAME	FROM	MONTH:	YEAR:	TO	MONTH:	YEAR:
ADDRESS	POSITION HELD					
CITY STATE ZIP	SALARY/WAGE					
CONTACT PERSON	REASON FOR LEAVING					
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS CDL?						

Last Name \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

Name

City & State

How Long?

**EXPERIENCE AND QUALIFICATIONS**

PLEASE LIST ANY EXPERIENCE THAT MAY HELP IN YOUR WORK FOR CONDOR: FOR EXAMPLE TRANSPORTATION, TRUCKING, SALES OR OTHER EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST COURSES AND TRAINING YOU HAVE HAD THAT MAY HELP IN YOUR WORK FOR CONDOR

\_\_\_\_\_  
\_\_\_\_\_

LIST SOFTWARE, SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*FOR DRIVER APPLICANTS ONLY\*\*\***

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NOT, WRITE NONE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS OR MORE (OTHER THAN PARKING VIOLATIONS) IF NOT, WRITE NONE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

ATTACH SHEET IF MORE SPACE IS NEEDED

**EXPERIENCE AND QUALIFICATIONS-DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B is yes please give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVING EXPERIENCE IF NONE WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		From	To	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH – SCHOOL BUS				
OTHER				

**LIST STATES OPERATED IN FOR LAST FIVE YEARS**

\_\_\_\_\_  
 \_\_\_\_\_

**SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER**

\_\_\_\_\_  
 \_\_\_\_\_

**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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, Inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

Last Name \_\_\_\_\_

**EMPLOYER ONLY PROCESS RECORD**

DATE OF INTERVIEW \_\_\_\_\_

INTEVIEWED BY \_\_\_\_\_

APPLICANT HIRED

REJECTED   
IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE

DATE EMPLOYED \_\_\_\_\_

FIRST DATE ON THE JOB \_\_\_\_\_

POSITION EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

CLASSIFICATION      full time              part time

RATE OF PAY \_\_\_\_\_

THIS SECTION TO BE FILED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE SUPERIOR      GOOD      FAIR  
BELOW AVERAGE      POOR      WRITTEN RECORD ON FILE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
APPLICATION						
INTERVIEW						
PAST EMPLOYMENT						
WRITTEN EXAM						
ROAD TEST						
CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

**TRANSFERS**

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATE \_\_\_\_\_

REASON FOR TRANSFER  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSFERS**

FROM \_\_\_\_\_ TO \_\_\_\_\_  
DATE \_\_\_\_\_

REASON FOR TRANSFER  
\_\_\_\_\_  
\_\_\_\_\_

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARITY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PALCED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_