

Application for Employment

Safety Grooving & Grinding, LP

PO Box 431
Napoleon, OH 43545
(419) 592-8666
Fax (419) 592-8665

631 SE Industrial Circle
Lake City, FL 32025
(386) 752-0141
Fax (386) 752-0252

PO Box 675
Abingdon, MD 21009
(410) 679-2612
Fax (410) 671-9988

Virginia Beach, VA
(757) 368-9993
Fax (757) 368-9996

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of Application: ____/____/____

Position(s) Applied for _____

Name:(Last, First, Middle Initial) _____ Social Security # _____

Address _____

City, State, Zip _____

Last 2 prior addresses:

Address _____

City, State, Zip _____ How long? _____

Address _____

City, State, Zip _____ How long? _____

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

Date of Birth _____ Can you provide proof of age? ____ Yes ____ No

Have you worked for this company before? ____ Yes ____ No Where? _____

Dates: From ____/____/____ To ____/____/____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? ____ Yes ____ No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

PHYSICAL HISTORY

Do you have any condition which may limit our ability to perform the job applied for? ____ Yes ____ No

If yes, what can be done to accommodate your limitation? _____

Would you be willing to take a physical examination? ____ Yes ____ No

Employment History

Employer			Date	
Company Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Company Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Company Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Company Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Company Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Employer			Date	
Company Name			From	To
Address			Position Held	
City	State	Zip	Salary/Wage	
Contact Person	Phone Number		Reason for leaving	

Accident record for past 3 years

Dates	Nature of accident	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

Traffic Convictions and forfeitures for the past 3 years (other than parking violations)

Locations	Date	Charge	Penalty

Education

Highest Grade Completed: _____ High School: _____ College: _____

Last school attended: _____ City: _____

Experience and Qualifications -- Driver

	State	License No.	Class & Endorsement	Expiration Date
Driver				
Licenses				

A. Have you ever 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, attach statement giving details

Driving Experience

Class of Equipment	Type of Equipment (van, tank, Flat, etc.)	From	To	Aprox No. of Miles
Straight Truck				
Tractor, Semi				
Tractor, 2 Trailers				
Other				

List states operated in for last five years: _____

Show special course or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Experience and qualifications -- other

Show any trucking, transportation or other experience that may help in your work for this company: _____

List any positive substance abuse tests and/or alcohol tests over .0 in the previous 6 months: _____

List any criminal felony convictions of records in the previous 5 years indicating date of conviction: _____

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

Date: ____/____/____

Applicant's Signature: _____