



APPLICATION FOR EMPLOYMENT

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 non-job related disability.

Date of Application _____

Position(s) Applied for _____

Name _____ Social Security No _____
Last First Middle

List your addresses of residency for the past 3 years

Current Address

Street _____ City _____ State _____ Zip _____

Phone _____ How Long _____

Mailing Address if different from Physical

Previous Addresses

Street _____ City _____ State _____ Zip _____ How Long _____

Street _____ City _____ State _____ Zip _____ How Long _____

Street _____ City _____ State _____ Zip _____ How Long _____

Have you ever been convicted of a felony? (A criminal record does not by itself bar a person from employment consideration with THIS COMPANY). Yes No

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
(Required for Commercial Drivers)

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? _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes No

If yes, explain

Additional 7 year information on those Employers for whom the applicant operated such vehicle. (NOTE: list employers starting with most recent. Add another sheet if necessary.)

EMPLOYER	DATE
Name	From – To
Address	Position Held
City State Zip	Salary / Wage
Contact person Phone Number	Reason Leaving

EMPLOYER	DATE
Name	From – To
Address	Position Held
City State Zip	Salary / Wage
Contact person Phone Number	Reason Leaving

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- Includes vehicles having a GVWR 26,001 lb or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Traffic convictions and Forfeitures for the past 3 years (Other than parking violations). If none, write none

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

EDUCATION

Highest Grade Completed: _____ High School _____ College _____

Last School Attended _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

State	License No.	Type	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 (if none, write none)

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc)	Dates	Expiration Date
Straight Truck	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____
Tractor – Two Trailers	_____	_____	_____
Motor coach - School Bus	_____	_____	_____
Other	_____	_____	_____

List states operated in for the last five years _____

Show special courses or training that will help you as a Driver _____

Which safe driving awards do you hold and From Whom?

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. 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 to other person 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.

Date Applicant's Signature

PROCESS RECORD

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____

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

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on File
Application						
Interview						
Past Employment						
Written Exam						
Road Test						
Criminal & Traffic Convictions						

Signature of Interviewing Officer _____

TRANSFERS

From / to _____ Date _____ Reason for Transfer _____	From / to _____ Date _____ Reason for Transfer _____
From / to _____ Date _____ Reason for Transfer _____	From / to _____ Date _____ Reason for Transfer _____



Disclosure and Authorization Release Form

Prospective Employer: _____

Applicant's Full Name: _____

Previous Name Used: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number / State Issued: _____

Current Address: _____

By Signing below I authorize IMPACT! Chemical Technologies and its agents to obtain a Consumer / Investigative Consumer Report on me as part of its pre-employment background investigation process for employment purposes. I understand that this report may include, but is not limited to record containing criminal, credit and driving history information, drug testing, work history and verification of academic and or professional credentials. If I am offered employment, I further authorize my employer to obtain additional consumer / investigative consumer reports on me for employment purposes at any time during my employment. I hereby release and discharge IMPACT! Chemical Technologies, Inc., its affiliates, and its agents from any liabilities, expenses, losses, damages for this investigative process to include the accuracy or timeliness of information obtained from other sources.

I also acknowledge that my potential employer has provided me with a summary of my rights under the Federal Fair Credit Reporting Act.

I certify that the information provided is true and complete. Any false statement on this form, the application, and / or on my resume shall be considered sufficient cause for termination at any time.

Signature: _____

Date: _____