



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, veteran status, disability, and any other legally protected status.

PLEASE PRINT

PERSONAL INFORMATION

Date of Application: _____

NAME: _____
LAST FIRST MI

MAILING ADDRESS: _____
CITY STATE ZIP

Home Phone # _____ **Other/Cell Phone #** _____

Position Desired _____ **Email Address** _____

Are you available to work (check one): Regular Full-time Regular Part-time Temporary Hours

Are you able to perform the essential job functions of the position for which you are applying? YES [] NO []

If no, please list any accommodations you require to perform the duties of the position. _____

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility status will be required upon employment) _____

Are you over the age of 18 years? YES [] NO [] (If NO, you may be required to provide authorization to work)

Have you ever been convicted of a crime (including Driving While Intoxicated, Driving with Suspended License or No License, and Public Intoxication) or received differed adjudication? YES [] NO [] If YES, please explain (a conviction will not necessarily result in denial of employment): _____

Have you ever worked for this Company before? YES [] NO []
If YES, When (Give dates): _____ Where: _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO []
If YES, who and where do they work? _____

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME [] ANYTIME []
If you cannot work full time, please explain: _____

Are you presently employed? YES [] NO [] If YES, may we contact your employer? YES [] NO []
If presently employed, why are you considering leaving? _____

Please list the name and phone number for two professional references. _____

EDUCATION	HIGH SCHOOL	TECHNICAL/JR COLLEGE	COLLEGE	OTHER/POST GRADUATE
SCHOOL NAME & LOCATION				
YEARS COMPLETED	9 10 11 12	1 2	1 2 3 4	1 2 3 4
DID YOU GRADUATE?	YES NO Date:	YES NO Date:	YES NO Date:	YES NO Date:
COURSE(S) OF STUDY & DEGREE				

SUMMARIZE SPECIAL SKILLS, TRAINING OR COURSE WORK NOT LISTED ABOVE:

EMPLOYMENT EXPERIENCE (Minimum of three (3) years starting with your present or most recent position)

Name & Address of Employer:	Dates Employed (Month/Day/Yr) From: To:	Supervisor Name & Title:
Job Title:	Rate of Pay: \$	Telephone Number: ()
Describe the Work Performed: _____ _____	Were you ever drug tested by this employer? YES [] NO []	Reason for Leaving:
Name & Address of Employer:	Dates Employed (Month/Day/Yr) From: To:	Supervisor Name & Title:
Job Title:	Rate of Pay: \$	Telephone Number: ()
Describe the Work Performed: _____ _____	Were you ever drug tested by this employer? YES [] NO []	Reason for Leaving:
Name & Address of Employer:	Dates Employed (Month/Day/Yr) From: To:	Supervisor Name & Title:
Job Title:	Rate of Pay: \$	Telephone Number: ()
Describe the Work Performed: _____ _____	Were you ever drug tested by this employer? YES [] NO []	Reason for Leaving:
Name & Address of Employer:	Dates Employed (Month/Day/Yr) From: To:	Supervisor Name & Title:
Job Title:	Rate of Pay: \$	Telephone Number: ()
Describe the Work Performed: _____ _____	Were you ever drug tested by this employer? YES [] NO []	Reason for Leaving:

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(ATTACH SHEET IF ADDITIONAL SPACE IS NECESSARY)

- 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 A STATEMENT GIVING DETAILS

IMPORTANT, PLEASE READ AND SIGN:

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize the Company to perform a criminal background check and consent to a pre-employment drug screen. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, meaning the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand that false or misleading information given in my application, correspondence or interview(s) may result in discharge. I understand that I am to abide by all rules and policies of the Employer.

SIGNATURE OF APPLICANT

DATE



BACKGROUND CHECK AUTHORIZATION

PLEASE PRINT:

Name: First _____ Middle _____ Last _____

List any other names used (nickname, maiden/married last names): _____

SS#: _____ DOB: _____ Sex: ___ Male ___ Female

Email Address: _____ Phone #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State Issued: _____

In chronological order (earliest to latest), list all additional cities/states and zip codes in which you have resided during the last seven (7) years:

To the extent permitted by applicable state law, I hereby consent to and authorize **SafZone Field Services, LLC.** and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company"), to procure consumer report(s), criminal background check(s), consumer credit report(s), investigative consumer report(s) (as defined by the federal Fair Credit Reporting Act), and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures** (all of which I have received separately from the Company).] I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure**, the **Additional Disclosures**, and the **California State Law Disclosures**, as well as this **Background Check Authorization**. My authorization remains valid throughout my employment with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), criminal background check(s), consumer credit report(s), and/or investigative consumer report(s) (as defined by federal law) during my employment without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents (including but not limited to staffing/placement company clients and vendor credentialing companies) for business reasons (e.g., to place me in certain employment positions, jobs, work sites, etc.).

For California, Minnesota, or Oklahoma applicants/employees only: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature: _____ Date: _____