

Office Use Only	
Position _____	
Starting Date _____	Pay \$ _____

<b>G&amp;S Trucking of Neillsville Inc</b> N2429 State Hwy 95 Neillsville, WI 54456 (715) 743-3019 Fax (715) 743-6701
---

## APPLICATION FOR EMPLOYEMENT

(Please Print Clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No. Street City State Zip Code

Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a US Citizen?  Yes  No If no, Resident Alien No. # \_\_\_\_\_

Veteran of U.S. Armed Forces?  Yes  No If yes, what Branch? \_\_\_\_\_ Rank at discharge \_\_\_\_\_

Position Applied for? \_\_\_\_\_ Salary desired \$ \_\_\_\_\_ per week.

Are you applying for:  Full-Time  Part-Time  Temporary? \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes, when? \_\_\_\_\_ Position \_\_\_\_\_

Do you have any physical condition which may limit your ability to perform the particular job for which you are applying?  Yes  No If yes, describe such condition \_\_\_\_\_ Are you willing to take a physical examination at our expense?  Yes  No \_\_\_\_\_ Please list any friends or relatives working for us: \_\_\_\_\_

(Names)

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

School	Name and Address of School	Coarse of study	Check last year completed				Did you graduate?	List Diploma or Degree
Elementary	_____	X	5	6	7	8	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
	_____							
	_____							
High	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							
College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							
Other (Specify)	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							

### Personal References *(Not Former Employers or Relatives)*

Name and Occupation	Address	Phone Number

**List below all present and past employment, beginning with your most recent**

Start Date	End Date	Name and Phone Number of Employer	Duties and work performance	Salary	Reason for Leaving
				<b>Start</b> \$ _____ <b>Final</b> \$ _____	
				<b>Start</b> \$ _____ <b>Final</b> \$ _____	
				<b>Start</b> \$ _____ <b>Final</b> \$ _____	
				<b>Start</b> \$ _____ <b>Final</b> \$ _____	

Have you ever been suspended or discharged from employment?  Yes  No. If yes, Please explain \_\_\_\_\_

Are you now employed?  Yes  No. If yes, where? \_\_\_\_\_

May we contact the employers listed above?  Yes  No. If no, indicate by no.# which one(s) you do not wish for us to contact \_\_\_\_\_

<b><u>Emergency Contact Information</u></b>	
Name _____ Phone # _____	Relationship _____ Work# _____
Name _____ Phone # _____	Relationship _____ Work# _____
Name _____ Phone # _____	Relationship _____ Work# _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for the cause for dismissal and that my employment is substantially dependent on truthful answers to the foregoing inquires. I have read these statements and answers to these inquires.  Yes  No

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