

SAFERIDE

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT LEGIBLY

PERSONAL INFORMATION

DATE: _____

Last Name First Name MI Maiden Name (If Applicable)

Present Address City State Zip Code

Permanent Address City State Zip Code

Home Phone Number Cell Phone Number Referred By

Driver's License Number E-Mail Address

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
_____	_____	_____

Are You Employed? ☐ Yes ☐ No If yes, may we inquire to your present employer? ☐ Yes ☐ No

HOME ADDRESS FOR PAST 10 YEARS (Use separate sheet if needed)

STREET ADDRESS	CITY	ST	ZIP	MM / YY TO	MM / YY
_____	_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____

ENTIRE EMPLOYMENT HISTORY (Use separate sheet if needed)

COMPANY NAME AND ADDRESS	POSITION	SUPERVISOR'S NAME AND PHONE NUMBER	REASON FOR LEAVING	MM / YY TO	MM / YY
_____	_____	_____	_____	_____ to _____	_____
_____	_____	_____	_____	_____ to _____	_____

(Continued on Other Side)

EDUCATION

SCHOOL NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

GENERAL

Subjects of Special Study / Research Work or Special Training / Skills

U.S. Military or
Naval Service

Rank

REFERENCES (Do not list relatives)

NAME & ADDRESS	TELEPHONE	BUSINESS/OCCUPATION	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Applicant's Signature _____

Date: _____

REQUEST FOR BACKGROUND INFORMATION

In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, and former employers to release any information they may have about me while at the same time releasing them from any liability and responsibility from doing so; Further, I authorize the procurement of an investigative consumer report and understand that such reports may contain information as to my background, mode of living, character, and personal reputation. Further, information may be available upon written request within a reasonable period of time. **ALL DRIVER APPLICANTS: PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE, D.O.T. CARD, SOCIAL SECURITY CARD AND A CERTIFIED DRIVER'S RECORD FROM MOTOR VEHICLE ADMINISTRATION.**

Applicant's Signature: _____

Date: _____