

Applicant Name _____ Date _____
(print)

Employer Information

To be Completed by Employer

Company Name _____

Address _____ Street _____

City _____ State _____ Zip Code _____

ALL APPLICANTS - Please read the following and address any questions to a Human Resource Representative before signing.

- I affirm that the information provided on this application or in connection with the processing of this application (and any resume or any other accompanying documents) is true and complete to the best of my knowledge. I understand that if employed, false statements, significant omissions, or misleading information regardless of when discovered, made on or in connection with my application and accompanying documents, may result in dismissal.
- I authorize investigation of all statements contained in this application (and any resume or any other accompanying documents) as may be necessary in arriving at an employment decision.
- I understand that the applicant's prior employers may be contacted for the purpose of investigating the applicant's background as required by 49CFR 391.23.
- I authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the company may be asked to submit/release certain information, including but not limited to, my employment or application for employment. I release the company and it's agents from any liability resulting from submitting/releasing such information.
- I acknowledge that the company may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that this company is an Equal Opportunity Employer.

Signature of Applicant _____ Date _____

HUMAN RESOURCES USE

Date offered _____ Salary offered _____

Start date _____ Job title _____

Department _____ Supervisor _____

Interviewed by _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Reason for Termination _____

Terminated

Voluntary Separation