**TRIAD CAB**

**APPLICATION FOR EMPLOYMENT**

# **GENERAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name (Last)** | **Name (First)** | **(Middle Initial)** | **Home Telephone**(\_\_\_)\_\_\_-\_\_\_\_ |
| **Address (no p.o. box)** | **(City)** | **(State)** | **(Zip)** | **Other Telephone**(\_\_\_)\_\_\_-\_\_\_ |
| **E-Mail Address:**  | Are you legally entitled to work in the U.S.? \_Yes \_ No |

POSITION

|  |  |
| --- | --- |
| Position Or Type Of Employment Desired:\_\_\_Driver\_\_\_Dispatcher | Day Time\_\_\_\_Night Time\_\_\_\_ |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? \_\_Yes \_\_ No |
| **Salary Desired**  | **Date Available**  |
| **Criminal History (list charges)** |  |

**WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer**    | **Telephone Number** (\_\_\_)\_\_\_-\_\_\_\_ | **From (Month/Year)**  |   |
| **Address :**  |  |
| **Job Title** :  | **Number Employees Supervised:**  | **To (Month/Year)**  |  |
| **Specific Duties:**  |  |
| **Hours Per Week**  |  |
|  |
| **Last Salary**  |  |
|  |
| **Supervisor**  |  |
|  |
| **Reason For Leaving :** | **May We Contact This Employer?**  \_Yes \_No |  |
| **Employer** :  | **Telephone Number** (\_\_\_)\_\_\_-\_\_\_\_ | **From (Month/Year)**  |   |
| **Address:**  |  |
| **Job Title** :  | **Number Employees Supervised :**  | **To (Month/Year)**  |  |
| **Specific Duties:**  |  |
| **Hours Per Week**  |  |
|  |
| **Last Salary**  |  |
|  |
| **Supervisor**  |  |
|  |
| **Reason For Leaving :** | **May We Contact This Employer?**  \_\_Yes \_\_No |  |
| **Employer:**  | **Telephone Number** (\_\_\_)\_\_\_-\_\_\_\_ | **From (Month/Year)**  |   |
| **Address:**  |  |
| **Job Title:**  | **Number Employees Supervised:** | **To (Month/Year)**  |  |
| **Specific Duties:**  |  |
| **Hours Per Week**  |  |
|  |
| **Last Salary**  |  |
|  |
| **Supervisor**  |  |
|  |
| **Reason For Leaving:** | **May We Contact This Employer?**  \_\_Yes \_\_No |  |
|  |  |  |  |   |

**I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.**

### **Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**