**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**