



Application for Employment

All Star Striping is an Equal Opportunity Employer			
Last Name:	First Name:	Middle Initial:	
Physical Address:	City:	State:	Zip:
Mailing Address (If different):	City:	State:	Zip:
Day Phone: ()	Evening Phone: ()		
Valid Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Class of License: _____	Endorsements: _____	
List any safe driving awards you have received: _____			

General Information

Position you are applying for: _____	Hourly Rate Desired: _____
Date available to start work: _____ Are you willing to submit to drug testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Convicted of a felony in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have special skills, training, or experience which may be valuable to this job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
Do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any times during the week that you are unavailable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____	
Have you applied for employment here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about the job you are applying for? _____	

References

(List Three People not Related to You. Please Provide at "Least" one Professional Reference)

Reference: 1		
Name:	Phone: ()	Circle One: Professional / Personal
Reference: 2		
Name:	Phone: ()	Circle One: Professional / Personal
Reference: 3		
Name:	Phone: ()	Circle One: Professional / Personal

Education

Are you a High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate the highest grade completed: _____		
College, Business or Trade Schools (Name and Location)	Major or Vocational Subjects	Degree/Certificate Completed



Work Experience

(List Most Recent Employer First)

Employer: 1			
Dates Employed	Company Name:	Job Title:	
From:	Address:	Reason for Leaving:	
To:	Phone: ()	Starting Pay:	Ending Pay:
<i>Job Description:</i>			
<i>Additional Skills / Equipment Knowledge:</i>			
Employer: 2			
Dates Employed	Company Name:	Job Title:	
From:	Address:	Reason for Leaving:	
To:	Phone: ()	Starting Pay:	Ending Pay:
<i>Job Description:</i>			
<i>Additional Skills / Equipment Knowledge:</i>			
Employer: 3			
Dates Employed	Company Name:	Job Title:	
From:	Address:	Reason for Leaving:	
To:	Phone: ()	Starting Pay:	Ending Pay:
<i>Job Description:</i>			
<i>Additional Skills / Equipment Knowledge:</i>			
Employer: 4			
Dates Employed	Company Name:	Job Title:	
From:	Address:	Reason for Leaving:	
To:	Phone: ()	Starting Pay:	Ending Pay:
<i>Job Description:</i>			
<i>Additional Skills / Equipment Knowledge:</i>			

FMCSR's

Were you subject to FMCSR's while with any of your previous Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you subject to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list:	
Company Name	Phone number
1	
2	
3	
4	
5	
<p><u>Federal Motor Carrier Safety Regulations</u> apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 10,001 pounds or more, (2) designed or used to transport nine or more passengers, (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.</p>	



Driving Experience

Please indicate if you have one or more years of experience operating equipment listed below:		
Class of Equipment		Dates Operated
Straight Truck	___ Yes ___ No	
Tractor and Semi-trailer	___ Yes ___ No	
Tractor-two Trailers	___ Yes ___ No	
Tractor-three Trailers (triples)	___ Yes ___ No	
Other: please specify: _____	___ Yes ___ No	
Please list all states you have operated in within the last five years:		

Moving Violation Record

Please list for the last three years: All Accidents, Convictions and Forfeitures		
Date of Violation:	Nature of Violation: (Accidents, Convictions and Forfeitures)	Location of Violation:

Driving Privilege

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___ Yes ___ No If yes, please explain: _____ Has any license, permit or privilege been suspended or revoked? ___ Yes ___ No If yes, please explain: _____

Certification and Acknowledgement

<p>I certify that the information provided herein is true and correct to the best of my knowledge; I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination. I authorize All Star Striping, to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to All Star Striping, any and all information they may have concerning my previous employment. In addition I hereby release All Star Striping, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure. I agree to furnish such additional information and complete such examinations as may be required to complete my application file. I agree that this application process in no way obligates All Star Striping, to employ or hire the applicant, but if found qualified and hired, may be on a probationary period during which time I may be disqualified without recourse. I acknowledge that, if employed, both All Star Striping, and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment is an at will relationship will remain in effect throughout my employment with All Star Striping, and may or may not be modified by any oral or implied agreement.</p> <p>Applicant's Signature: _____ Dated: _____</p>
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