

West Service Center  
904 Cavalier Blvd  
Chesapeake, VA 23323

Date: \_\_\_\_\_

**Please Print Clearly**

## APPLICATION FOR EMPLOYMENT

*Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.*

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.**

Position Applied For \_\_\_\_\_ (list only one) Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/Cell Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Length of Residency \_\_\_\_/\_\_\_\_ Years/Months

Email Address (optional) \_\_\_\_\_

Desired Salary / Hourly Rate \_\_\_\_\_

**If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No**

Type of employment desired: Full-time Part-time (Specify Hours) \_\_\_\_\_

Are you willing to work overtime? Yes No Date on which you can start work if hired \_\_\_\_\_

Have you previously applied for employment with this Company? Yes No

If Yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by this Company? Yes No

If Yes, provide dates of employment, location, and reason for separation from employment

\_\_\_\_\_  
\_\_\_\_\_

If applicable list any other name (s) by which you have been known to allow us to confirm your work and educational record. For example: name change, use of an assumed name, nickname, etc.

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Education	School Name and Location (Address, City, State)	Course of Study	Graduate? Y or N	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade or Post College					

Honors Received \_\_\_\_\_

### WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for the last 10 years and include at least 3 employers. Attach additional sheets if needed. If self-employed, supply the name of your firm and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer with "see resume".

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of 10 years employment record).

#### **Employer**

<i>Name</i>	<i>Complete Address</i>	<i>Type of Business</i>
Telephone ( ) _____ - _____	Dates Employed: From ___/___/___ To ___/___/___	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact: Yes No If No, why not? _____	
Wages: Start _____ Final _____	Reason for Leaving _____	
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain: _____		

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**Employer**

_____	_____	_____
<b>Name</b>	<b>Complete Address</b>	<b>Type of Business</b>
Telephone ( ) _____ - _____	Dates Employed: From ____/____/____	To ____/____/____
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact: Yes No	If No, why not? _____
Wages: Start _____	Final _____	Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain: _____		

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**Employer**

_____	_____	_____
<b>Name</b>	<b>Complete Address</b>	<b>Type of Business</b>
Telephone ( ) _____ - _____	Dates Employed: From ____/____/____	To ____/____/____
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact: Yes No	If No, why not? _____
Wages: Start _____	Final _____	Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain: _____		

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

Have you ever been terminated or asked to resign from any job? Yes No If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes No If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes No If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above questions, please explain the circumstances of each occasion.

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## REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or

drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIC PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorized the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports".

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

**DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST**