

# APPLICATION FOR EMPLOYMENT

**O'Daniel Trucking Co**  
**1249 Co Rd 1500 N**  
**Carmi, IL 62821**  
**(618) 382-5371**

Please print in blue or black ink.

Position applied for \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(First, MI, Last)

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Are you 18 years of age? \_\_\_\_\_ Driver License No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

\_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_  
\_\_\_\_\_ How Long? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? If yes, explain. \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Dates of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Have you ever been convicted of any violation of the law? If yes, please explain. \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job with you have applied?  
If yes, explain if you wish.

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

## **EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Graduate: 1 2 3 4

Other (Include special or technical training and military courses completed) \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with present employer (or most recent) list all experience for the last 10 years.

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Title of Your Position \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact ? Yes No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Title of Your Position \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact ? Yes No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Title of Your Position \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact ? Yes No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Title of Your Position \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact ? Yes No

Employer Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Contact Person \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Title of Your Position \_\_\_\_\_

Describe Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact ? Yes No

**ADDITIONAL INFORMATION**

List other qualifications or achievements.

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

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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