



Application for Employment

Please Print

Position(s) applied for _____ Date of Application _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____

Are you over 18 years old? _____ Yes _____ No

Date available to work: _____

Are you willing to travel? _____ Will you submit to a drug test? _____

Have you ever been in a Drug Testing Program with a previous employer? _____

If yes, please list the employer and contact phone number: _____

EMPLOYMENT HISTORY

List your last 3 employers, starting with the most recent, including military service.

May we contact your former employers? _____ Yes _____ No

Which ones: _____

From: _____	To: _____	Employer: _____
Job Title _____	Street Address _____	
Immediate Supervisor: _____	City, State, Zip _____	
Reason for Leaving: _____	Telephone No. _____	
Hourly Rate/Salary: _____		
Start: _____	Final: _____	

From: _____	To: _____	Employer: _____
Job Title _____	Street Address _____	
Immediate Supervisor: _____	City, State, Zip _____	
Reason for Leaving: _____	Telephone No. _____	
Hourly Rate/Salary: _____		
Start: _____	Final: _____	

From: _____	To: _____	Employer: _____
Job Title _____	Street Address _____	
Immediate Supervisor: _____	City, State, Zip _____	
Reason for Leaving: _____	Telephone No. _____	
Hourly Rate/Salary: _____		
Start: _____	Final: _____	

SKILLS & QUALIFICATIONS:

Summarize any training licenses, and experience that may qualify you to perform job related functions for this position:

Do you have any limitations that would affect your ability to perform the job you are applying for?

EDUCATION

High School: _____ City/State: _____

Other: _____ City. State: _____

REFERENCES

1.) Name: _____ Telephone: _____

2.) Name: _____ Telephone: _____

DRIVING RECORD :

Accident Record for the past 3 years or more:			
<u>Date</u>	<u>Nature of Accident</u> (Head-on, rear-end, upset, etc.)	<u>Fatalities</u>	<u>Injuries</u>
Last Accident: _____			
Next Previous: _____			
Next Previous: _____			

Traffic convictions & forfeitures for the past 3 years (other than parking violations).			
<u>Location</u>	<u>Date</u>	<u>Charge</u>	<u>Penalty</u>

<u>State</u>	<u>License No.</u>	<u>Endorsements /Type</u>	<u>Expiration Date</u>
Drivers Licenses: _____			
Current Medical Card	Yes	No	
:			

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit ever been suspended or revoked? _____

IF THE ANSWER IS YES TO EITHER A or B, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE:			
<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>DATES</u>	
		From	To
Straight Truck			
Tractor & Semi Trailer (Type)			
Other			

TO BE READ AND SIGNED BY ALL APPLICANTS

This certifies that this application was completed by me, and that all entries are true and complete. I authorize Sporer Land to make inquires of my personal, employment, driving record, financial or medical history and other related matters when making an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. I also understand that prior to being employed, I would be required to submit to a Drug Screen.

DATE: _____ Signature of Applicant: _____

Return signed applications to Sporer Land Development, Inc, PO Box 246, Oakley, KS 67748
Phone: 785/672-4319 Fax: 785/672-3409 e-mail: sporer@ruraltel.net