

SPORER LAND DEVELOPMENT, INC.

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

If not, 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: _____	

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial status, or non-job related disability

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@sporerland.com*