

**WORK HISTORY:** List in order (last or present employer first).

Dates of Employment	Employer's Name & Address	Supervisor's Name	Type of Employment	Reason for Leaving

May we contact the employers listed above?     Yes     No    If no, please indicate which should not be contacted. \_\_\_\_\_

**PERSONAL REFERENCES:** (Excluding former employers or relatives.)

Name & Occupation	Address	Phone Number

**DRIVER INFORMATION:** To be completed by anyone who will drive employer's vehicles.

Type of Driver's License you hold:     Operator     Commercial     Chauffeur

Has your driver's license been revoked or suspended in the last 3 years?     Yes     No  
If yes, explain. \_\_\_\_\_

Did you have any moving traffic violations or accidents in the last 3 years?     Yes     No  
If yes, list details below. (Do not include any parking violations.)

Month/Year	Description of Violation	Month/Year	Accident Description

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application will be considered sufficient use for dismissal. You are hereby authorized to make any investigations of my personal history and financial and credit records through any investigative or credit agencies or bureaus of your choice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date