

APPLICATION FOR EMPLOYMENT

Huffmaster Companies (which includes, but is not limited to Huffmaster Crisis Response, LLC and Alternative Workforce, Inc.) and Priority Employee Solutions, LLC considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

GENERAL INFORMATION

		Date of Application:
Last Name	First	Middle
Address		Apt. #
City	State	Zip Code
Telephone Number (Including Area Code)		Social Security Number
Drivers License No.	Exp Date:	State:


Are you 18 years or older? Yes: _____ No: _____

Are you legally eligible to work in the United States? Yes: _____ No: _____


Were you previously employed by this Company? Yes: _____ No: _____

If Yes, Indicate dates of previous employment: From: _____ To: _____

Please check on-site employer (check only one):



Business Secured at a Higher Level



EMERGENCY CONTACT INFORMATION

Who should be notified in case of an emergency?		
Main Contact:	Home Phone:	Alternate Phone:
2nd Contact:	Home Phone:	Alternate Phone:

MILITARY SERVICE - UNITED STATES ARMED FORCES ONLY

Draft service: _____	Reserve service: _____
Date(s) of duty: _____	Branch of service: _____
Highest rank attained: _____	Type of discharge: _____

CONVICTION HISTORY

Have you ever been convicted of a felony ? Yes: _____ No: _____

Have you ever been convicted of a misdemeanor? Yes: _____ No: _____

If so, please describe below:

Date of Offense	Charge	Status/Disposition



APPLICATION SUPPLEMENT - MOTOR VEHICLE HISTORY

Note: Where more space is required, please provide the additional information on a separate sheet.

Drivers License(s) Number	State	Expiration Date	Type (CDL, chauffeurs, etc.)

Have you ever had either your operators or commercial license/permit denied, revoked, suspended or place on probation? Yes No.
If yes, please complete below.

Date	State	Type of License	How Long	Reason

Accident record for the last four (4) years (Attach a separate sheet if additional space is needed)

Date	State	Fatalities	Injuries	Nature of Accident (Head-on, rear-end, upset, etc.)

Traffic Convictions for the past four years. (Attach a separate sheet if additional space is needed)

Date	Location (City / State)	Charges	Points	Fines

FOR COMMERCIAL DRIVERS ONLY - Driving Experience

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approximate Number of Miles
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor and Two Trailers				
Other				

EDUCATION

School	Name and Address of School	Course of Study	Degree/Credit Hours
High School			
College			
Other			
Other			

PREVIOUS WORK RECORD

Company: _____	Phone #: _____
Address: _____	Supervisor: _____
Dates of employment: _____	Salary: _____
Reason for leaving: _____	
Company: _____	Phone #: _____
Address: _____	Supervisor: _____
Dates of employment: _____	Salary: _____
Reason for leaving: _____	
Company: _____	Phone #: _____
Address: _____	Supervisor: _____
Dates of employment: _____	Salary: _____
Reason for leaving: _____	
Company: _____	Phone #: _____
Address: _____	Supervisor: _____
Dates of employment: _____	Salary: _____
Reason for leaving: _____	

AUTHORIZATION AND UNDERSTANDING

I hereby certify, to the best of my knowledge that the answers given within this employment packet are true and complete. I also understand that an omission or falsification may disqualify me from consideration for employment or may be grounds for immediate dismissal. I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice.

I understand that no supervisor, manager, or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement of contract to the above must be in writing and expressly state that it is a contract and be signed by an authorized representative of the company. I agree and understand that any complaint and/or legal action I wish to bring against the Company and/or any of its employees or representatives, including but not limited to claims of employment discrimination, must be brought within 180 days of my separation of employment with the Company for any reason, or will be forever barred, and I waive any rights to rely on any longer statutes of limitation.

Signature of Applicant

Date

Printed Name