

Initial Work Location (City/State)
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## APPLICATION FOR EMPLOYMENT

Huffmaster and Select Focus 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			
City		State	Zip Code
Telephone Number (Including Area Code)		Social Security Number	
Driver's 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: \_\_\_\_\_

<b>Please check on-site employer (check one)</b>	
<input type="checkbox"/>	
<input type="checkbox"/>	

### EMERGENCY CONTACT INFORMATION

(Who should be notified in case of an emergency)

Main Contact	Home Phone	Alternate Phone
Secondary 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 been ever convicted of a felony?  Yes  No

Have you been ever convicted of a misdemeanor?  Yes  No

**If you answered "yes" to either questions, please describe below**

Date of Offense	Charge	Status/Disposition

## APPLICATION SUPPLEMENT

### MOTOR VEHICLE HISTORY – COMMERCIAL DRIVING POSITIONS ONLY

This supplement is to be filled out by applicants applying for positions with driving requirements. Screening tests for alcohol and illegal drug use may be required before hiring and during your employment.

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

#### DRIVER'S LICENSE INFORMATION

Driver's License Number	State	Expiration Date	Type (CDL, chauffeur's, etc.)
Driver's License Number	State	Expiration Date	Type (CDL, chauffeur's, etc.)

#### OPERATORS/COMMERCIAL LICENSE INFORMATION

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

Date	State	Type of License	How Long	Reason

#### ACCIDENT RECORD

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

Traffic Convictions for the last four (4) years. (Attach a separate sheet if additional space is needed)

Date	Location (City/State)	Charges	Points	Fines

#### DRIVING EXPERIENCE

Class of Equipment <b>Straight Truck</b>	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approximate Number of Miles
Class of Equipment <b>Tractor and Semi-Trailer</b>	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approximate Number of Miles
Class of Equipment <b>Tractor and Two Trailers</b>	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approximate Number of Miles
Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Date From	Date To	Approximate Number of Miles

## EDUCATION

Please fully complete all fields as applicable.

<b>High School</b>	Name & Address of School	Course of Study	Degree/Credit Hours
<b>College</b>	Name & Address of School	Course of Study	Degree/Credit Hours
<b>Other</b>	Name & Address of School	Course of Study	Degree/Credit Hours
<b>Other</b>	Name & Address of School	Course of Study	Degree/Credit Hours

## PREVIOUS WORK RECORD

<b>Company #1 Name:</b>	Phone Number
Address/City/State/Zip Code	Supervisor
Dates of Employment	Salary
Reason for leaving	
<b>Company #2 Name:</b>	Phone Number
Address/City/State/Zip Code	Supervisor
Dates of Employment	Salary
Reason for leaving	
<b>Company #3 Name:</b>	Phone Number
Address/City/State/Zip Code	Supervisor
Dates of Employment	Salary
Reason for leaving	
<b>Company #4 Name:</b>	Phone Number
Address/City/State/Zip Code	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 or 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name