



PLEASE COMPLETE PAGES 1-6 DATE _____

NAME _____
 LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS _____
 NUMBER STREET CITY STATE ZIP

HOW LONG _____ SOCIAL SECURITY NO. ____ - ____ - ____
 TELEPHONE (____) _____
 IF UNDER 18, PLEASE LIST AGE _____

POSITION APPLIED FOR (1) _____ DAYS/HOURS AVAILABLE TO WORK
 AND SALARY DESIRED (2) _____ NO PREF _____ THURS _____
 (BE SPECIFIC) MON _____ FRI _____
 TUE _____ SAT _____
 WED _____ SUN _____

HOW MANY HOURS CAN YOU WORK WEEKLY? _____ CAN YOU WORK NIGHTS? _____

EMPLOYMENT DESIRED FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

WHEN AVAILABLE FOR WORK? _____

CAN YOU LIFT 50 POUNDS? YES NO

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE				
BUS. OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED AND TYPE(S) OF REHABILITATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? _____

DRIVER'S LICENSE
NUMBER _____ STATE OF ISSUE _____ OPERATOR COMMERCIAL (CDL) CHAUFFEUR
EXPIRATION DATE _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? HOW MANY? _____
HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? HOW MANY? _____

IS THERE ANY EXISTING PHYSICAL DISABILITY THAT WOULD PREVENT YOU FROM PERFORMING FULLY THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES NO

PLEASE LIST TWO PROFESSIONAL REFERENCES

NAME _____

NAME _____

POSITION _____

POSITION _____

COMPANY _____

COMPANY _____

ADDRESS _____

ADDRESS _____

TELEPHONE () _____

TELEPHONE () _____

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO ADEQUATELY SUMMARIZE A COMPLETE BACKGROUND. USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

SPECIALTY _____ DATE ENTERED _____ DISCHARGE DATE _____

WORK EXPERIENCE

PLEASE LIST YOUR WORK EMPLOYERS FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME OF EMPLOYER ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES FROM TO	PAY OR SALARY START FINAL
REASON FOR LEAVING (BE SPECIFIC)		YOUR LAST JOB TITLE:	
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

NAME OF EMPLOYER ADDRESS	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
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CITY, STATE, ZIP CODE		FROM	START
PHONE NUMBER		TO	FINAL
REASON FOR LEAVING (BE SPECIFIC)		YOUR LAST JOB TITLE:	
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REASON FOR LEAVING (BE SPECIFIC)			

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MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO

IF NOT, WHO DID? _____



APPLICATION FOR EMPLOYMENT

WHEN HIRED BY SOUTHWEST BARRICADES, WHETHER YOU ARE A DRIVER, YARD PERSON OR WHATEVER, YOU MAY BE REQUIRED TO DO FLAGGING. THIS IS AN ALL DAY JOB, USUALLY MANY HOURS. YOU WILL NEED TO BRING YOUR LUNCH AND AN ADEQUATE WATER SUPPLY FOR THE DAY.

WE ALL WEAR MANY HATS HERE AND HELP EACH OTHER OUT WHENEVER POSSIBLE. YOU NEED TO UNDERSTAND THIS PRIOR TO COMING TO WORK FOR SOUTHWEST BARRICADES.

PLEASE SIGN AND DATE BELOW THAT YOU UNDERSTAND THIS REQUIREMENT.

Motor Vehicle Record Disclosure and Release

In connection with my ongoing employment or my application for employment, should I have or secure a position with Southwest Barricades, I understand that a motor vehicle record, which contains public record information, may be requested. I further understand that such report(s) will contain personal information and public record information concerning my driving record from federal, state and other agencies which maintain such records: as well as independent services that provide driving record information.

I authorize, without reservation, any party or agency contacted to furnish the above-mentioned information to: Southwest Barricades, or its agent.

I hereby authorize procurement of my motor vehicle report. If hired, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my employment. **Southwest Barricades commercial auto insurer and agent will also use this information in conjunction with loss control and safety review efforts.**

Full Legal Name (include Middle Initial)

Drivers License Number

Date of Birth

Signature

Date

SIGNATURE

DATE



DATE HIRED

SUPERVISOR WHO HIRED (SIGNATURE)

RATE

D.O.T APPOINTMENT DATE

E-VERIFIED (INITIALS)