

# APPLICATION FOR EMPLOYMENT

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, marital status, or the presence of a non-job related medical condition or handicap.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City  
State Zip Phone

Are you a U.S. Citizen?  Yes  No If not, do you possess an alien registration card?  Yes  No

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Truck Drivers)

In case of emergency notify \_\_\_\_\_  
Name Address Phone

Have you worked for this company before? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Are you currently on a "Layoff" status and subject to recall? \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Union member  Yes  No Union (Local) Name \_\_\_\_\_

Address \_\_\_\_\_

Business Agent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Union Status \_\_\_\_\_ Current Rate of Pay \_\_\_\_\_

Card or Initiation Fee  Yes  No Balance Remaining \_\_\_\_\_

Is there any reason you might be unable to perform the functions you have applied for, including heavy physical labor, extreme weather conditions or working on elevated areas?

If yes, please explain if you wish. \_\_\_\_\_

Would you be willing to take a physical examination?  Yes  No

**EMPLOYMENT FOR THE PAST 3 YEARS**  
(ATTACH SHEET IF MORE SPACE IS NEEDED)

LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_

**MILITARY STATUS**

HAVE YOU SERVED IN THE U.S. ARMED FORCES? \_\_\_\_\_ BRANCH \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 RANK AT DISCHARGE \_\_\_\_\_ DATE OF DISCHARGE \_\_\_\_\_

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4  
 LAST SCHOOL ATTENDED \_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_  
 B. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS – MAINTENANCE**

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH \_\_\_\_\_

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

LIST COURSES AND TRAINING IN MAINTENANCE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - CLERICAL**

INDICATE TRAINING AND SHOW EXPERIENCE IN THE FOLLOWING:

*INDICATE WORDS PER MINUTE	TRAINING (CHECK)	YEARS OF EXPERIENCE		TRAINING (CHECK)	YEARS OF EXPERIENCE
Typing *			Rates **		
Shorthand *			OS & D		
Billing			Interline		
TWX			Claims		
Key Punch Operator			Cashier		
Calculator			Accounting		
Dictating Machine Transcriber			Dispatcher		
Bookkeeping Machine			Tabulator		
Adding Machine			Mimeograph		
Other:			**Indicate tariffs with which you		
			have worked		

LIST COURSES AND TRAINING FOR OFFICE WORK \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP ON YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

HAVE YOU COMPLETED THE REQUIREMENTS FOR CPR?  YES  NO IF YES, DATE COMPLETED \_\_\_\_\_

HAVE YOU COMPLETED THE REQUIREMENTS FOR FIRST AID?  YES  NO IF YES, DATE COMPLETED \_\_\_\_\_

HAVE YOU COMPLETED HAZARD COMMUNICATION TRAINING?  YES  NO IF YES, DATE COMPLETED \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**JIM TAYLOR, INC. IS A DRUG FREE WORK PLACE.**

**EACH EMPLOYEE IS REQUIRED TO TAKE A SUBSTANCE ABUSE TEST UPON EMPLOYMENT.**

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

**FOR OFFICE USE ONLY**

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_

NO. OF CHILDREN: \_\_\_\_\_

**W-2 INFORMATION**

EXEMPTIONS CLAIMED

ADDITIONAL AMOUNT WITHHELD

FEDERAL WITHHOLDING: \_\_\_\_\_ / \_\_\_\_\_

ILLINOIS STATE WITHHOLDING: \_\_\_\_\_ / \_\_\_\_\_

MISSOURI STATE WITHHOLDING: \_\_\_\_\_ / \_\_\_\_\_

PAYCHECK MAILED  YES  NO

START DATE: \_\_\_\_\_ PAY RATE: \_\_\_\_\_ LOCAL #: \_\_\_\_\_ CLASS: \_\_\_\_\_