

---

# INTERSTATE TRUCK CENTER, LLC

## Application for Employment

---



An Equal Opportunity Employer

**Please Print**

Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Present Address

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from present address)

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) -  
Business Phone

( ) -  
Home Phone

( ) -  
Cell Phone

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work? .....  Yes  No

Regular part-time work? .....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends? .....  Yes  No

Would you be available to work overtime, if necessary? .....  Yes  No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

---

---

## INTERSTATE TRUCK CENTER, LLC

---

### Personal Information

Have you ever applied to or worked for Interstate Truck Center before?.....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Interstate Truck Center?.....  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at Interstate Truck Center ?

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)....  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?.....  Yes  No

If so, may we contact your current employer? .....  Yes  No

---

---

# INTERSTATE TRUCK CENTER, LLC

---

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

---

Name of Employer _____	Telephone No. ( ) _____
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment: From _____ To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

---

Name of Employer _____	Telephone No. ( ) _____
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment: From _____ To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

---

Name of Employer _____	Telephone No. ( ) _____
Type of Business _____	Your Supervisor's Name _____
Address & Street _____	City _____ State _____ Zip _____
Dates of Employment: From _____ To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

---

