

# Application for Employment

## Convoy Logistics, LLC

Please print all information requested except for signature.

Applicants may be tested for illegal drugs.

**Please Complete Pages 1-6**

Date \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle Maiden*

Present Address \_\_\_\_\_  
*Number Street City State Zip*

How long at current address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Position applying for \_\_\_\_\_ Salary Desired (Be Specific) \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

**Employment Desired:**    \_\_\_ Full Time Only    \_\_\_ Part Time Only    \_\_\_ Full or Part Time

When are you available to report to work? \_\_\_\_\_

Type of School	Name of School	Location (Mailing Address)	Years Completed	Major & Degree
High School				
College				
Business or Trade				
Other				

Have you ever been convicted of a crime?    \_\_\_ NO    \_\_\_ YES

If yes, explain the number of conviction(s), nature of offence(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list two references other than relatives or previous employers.**

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

**Military Service**

Have you ever been in the armed forces? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently a member of the Army or National Guard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharged \_\_\_\_\_

**Work Experience**

Please list your work experience 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	Employment Dates	Pay or Salary
Name of last Supervisor	From	Start
Address	To	Final
City, State, Zip		
Phone Number		
Your last Title		
Reason for Leaving (Be Specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

**Work Experience (Continued)**

Please list your work experience 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.

<b>Name of Employer</b>		<b>Employment Dates</b>	<b>Pay or Salary</b>
<b>Name of last Supervisor</b>		<b>From</b>	<b>Start</b>
<b>Address</b>		<b>To</b>	<b>Final</b>
<b>City, State, Zip</b>			
<b>Phone Number</b>			
<b>Your last Title</b>			
<b>Reason for Leaving (Be Specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

<b>Name of Employer</b>		<b>Employment Dates</b>	<b>Pay or Salary</b>
<b>Name of last Supervisor</b>		<b>From</b>	<b>Start</b>
<b>Address</b>		<b>To</b>	<b>Final</b>
<b>City, State, Zip</b>			
<b>Phone Number</b>			
<b>Your last Title</b>			
<b>Reason for Leaving (Be Specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

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Address		To	Final
City, State, Zip			
Phone Number			
Your last Title			
Reason for Leaving (Be Specific)			
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Address		To	Final
City, State, Zip			
Phone Number			
Your last Title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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.

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May we contact your present employer?     Yes     No

Did you complete this application yourself?  Yes     No

If not, who did? \_\_\_\_\_

		OFFICE USE ONLY		
<b>Word Processing</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ WPM	<b>Other Skills</b>
<b>Notes</b>				

**Please Read Carefully**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Convoy Logistics, LLC (hereinafter called "the Company), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine process of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with information concerning the nature and scope of any such report requested by it.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

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

*This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, age or disability. Your opportunity for employment with this Company depends solely on your qualifications and past work record.*

*Thank you for completing this application form and for your interest in our Company.*