



Employment Application

Personal Information

Name (Last Name, First Name)		Social Security Number	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone Number	Secondary Phone Number	Referred By	
Drivers License Number	Expiration Date	License Type <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D	

Employment Desired

Position Desired	Date You Can Start	Salary Desired
Are you Employed Now Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When	

Education	Name & Location	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business, or Correspondence				

Former Employers (Last three employers – most recent first)

Dates	Name	Address	Phone Number
From			
To			
From			
To			
From			
To			

General Information

Subject of special study	
Special training	
Special Skills	
Us Military or Naval Service	Rank

References (Give below the names of three persons not related to you whom you have known at least one year)

Name	Address	Business
Name	Address	Business
Name	Address	Business

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to employment. If such reports are required. I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signate	Date
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Credit and Consumer Report Authorization

DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES.

The Undersigned hereby authorizes PRECIOUS ANGEL TRANSPORTATION or its insurance agency, WHITAKER-MYERS INSURANCE GROUP, or its assigns, to obtain copies of consumer reports, including a motor vehicles report, pertaining to me for employment purposes, and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof.

I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

Signature	Date
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Printed Name

DOB	Please attach copy of drivers license below
Social Security Number	
Drivers License Number	