



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Are you able to perform the essential functions of the position with or without accommodations? YES NO

If necessary for the job are you older than (check one): 16 18 19 21

If necessary for the job are you able to:

Work overtime? YES NO

Provide a valid Driver's License? YES NO

If so, fill out the following: Issuing State: _____

Type(s): _____

Endorsements:	Hazardous Material <input type="checkbox"/>	Tankers <input type="checkbox"/>	Passengers <input type="checkbox"/>
	Tank with Hazardous Material <input type="checkbox"/>	Double / Triple Trailers <input type="checkbox"/>	

Work the following shifts:

ANY <input type="checkbox"/>	DAY <input type="checkbox"/>	SWING <input type="checkbox"/>	ROTATING <input type="checkbox"/>	SPLIT <input type="checkbox"/>	WEEKEND <input type="checkbox"/>
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Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Skills and Qualifications

Please list::

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

IRWS, LLC is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, protected veteran status, genetic information, or any other characteristic protected by applicable law.

The statements used herein are intended to describe the general nature and level of the work being performed by an employee in this position, and are not intended to be construed as an exhaustive list of responsibilities, duties and skills required by an incumbent so classified. Furthermore, they do not establish a contract for employment and are subject to change at the discretion of the Company.

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____