

# Emrick Hauling, Inc.

Post Office Box 92 • Williston, Florida 32696

352•529•0800 Tel. • 352•529•0101 Fax

www.emrickhauling.com

<b>Position Applied For</b>		<b>Date of Application</b>	
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip
Telephone Number(s)			Date of Birth

<b>Driver Licenses</b>			
State	License Number	Type	Expiration Date

<b>Driving Experience</b>			
Class of Equipment	Type of Equipment	Dates	Approx No. of Miles
Straight Truck			
Tractor and Semi Trailer			
Tractor Two-Trailers			
Other			

<b>Accident Record (attach sheet if more space is needed)</b>			
Dates	Nature of Accident	Were you Ticketed	Fatalities or Injuries

<b>Traffic Convictions and Forfeitures for the Past 7 Years</b>			
Location	Date	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?  Yes  No

Has any license, permit, or privilege ever been suspended or revoked?  Yes  No

If the answer to either of the above is YES, please explain (attach a separate sheet if additional space is needed)

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Are you currently employed?

Yes  No

May we contact your present employer?

Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes  No

On what date would you be available for work?

**What days are you available to work (check all)**

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday
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Have you been convicted of a felony within the last 7 years? If Yes, please explain below

**Education**

	School Name and Location	Years Completed	Diploma/Degree
Elementary School			
High School			
College/University			
Other			

Describe any specialized training, apprenticeship, skills, etc.	
Personal commitments or obligations that could affect your work schedule	
State any additional information you feel may be helpful to us in considering your application	

**References (Not related to you and not previous employers)**

	Name	Address	Phone
1			
2			
3			

Have you ever had any job-related training in the United States military? If Yes, please explain  Yes  No

**Employment Experience**

Start with your present or last job. Include any job related military service assignments and volunteer activities. DOT REQUIRES an accurate listing of employment for the past 10 years. Please be accurate it will be verified. Attach an additional sheet if necessary

Employer		Dates Employed From                      To		Work Performed
Street Address				
City, State, Zip		Hourly Rate/Salary Starting                      Final		
Job Title	Supervisor			
Reason for Leaving				

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I certify that answers given herein are true and complete to the best of my knowledge.

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