



APPLICATION FOR EMPLOYMENT
(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related ability, or any other protected group status.

Date of application _____

Position(s) Applied for _____

Name Last First Middle Social Security No. _____

Address Street City Phone _____
State Zip _____

Address for past three years Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

Do you have the legal right to work in the United States? _____

Are you over the age of 18? _____ If no, can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish. _____



EMPLOYMENT HISTORY

Provide employment information for the past ten years. Please continue on last page, if needed.

EMPLOYER	DATES	POSITION HELD
NAME	FROM	REASON FOR LEAVING
ADDRESS	MO. YR.	
CITY STATE ZIP	TO	
PHONE NUMBER	MO. YR.	

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MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended _____
Name
City



EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___
- B. Has any license, permit, or privilege ever been suspended or revoked? YES ___ NO ___
 If the answer to either A or B is yes, attach statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

List states operated in over last five years _____

Show special courses or training that will help you as a driver _____

Which safe driving awards do you hold and from whom? _____

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)



EXPERIENCE AND QUALIFICATIONS – PLATFORM

List types for platform experience and years of each _____

List platform equipment you can operate (lift truck, etc.) _____

Show courses or training in platform work _____

EXPERIENCE AND QUALIFICATIONS – MAINTENANCE

List types of maintenance experience and years of each _____

SHOW EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Electric Welder		
Sheet Metal Equipment			Oxyacetylene Welder		
Clutch Rebuilding			Paint Spray Gun		
Differential Rebuilding			Wheel & Tire Balancing Machine		
Transmission Rebuilding			Tire Recapping Mold		
Body Work			Engine Dynamometer		
Frame & Axle Straightening Equipment			Chassis Dynamometer		
Electrical & Ignition Repair			Magnetic Crack Tester		
Engine Rebuilding Equipment			Vacuum & Air Brakes		
Diesel Injection Equipment			Other:		

List courses and training in maintenance work _____

EXPERIENCE AND QUALIFICATIONS – CLERICAL

Indicate training and show experience in the following:

*INDICATE WORDS PER MINUTE	CHECK	YEARS OF EXPERIENCE	** INDICATE TARIFFS EXPERIENCE	CHECK	YEARS OF EXPERIENCE
Shorthand*			Rates**		
Billing			OS & D		
TWX			Interline		
PBX			Claims		
Key Punch Operator			Cashier		
Calculator			Accounting		
Dictating Machine Transcriber			Dispatcher		
Bookkeeping Machine			Tabulator		
Computer Skills			Software Programs		

List course and training for office work _____



EXPERIENCE AND QUALIFICATION – OTHER

Show any trucking, transportation or other experience that may help in your work for this company _____

List courses and training other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financials, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Wright Choice, Inc.

Date

Applicant's Signature



EMPLOYMENT HISTORY

Provide employment information for the past ten years. Continued.

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