



Your Success Is Our Passion.

# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME		LAST	FIRST	MIDDLE	DATE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)					
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS) (STREET, CITY, STATE, ZIP CODE)					
HOME PHONE ( )	CELL PHONE ( )	E-MAIL ADDRESS		ARE YOU AT LEAST 16 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU 18 OR OVER? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>					
DO YOU HAVE ANY PENDING CHARGES, EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A FELONY OR MISDEMEANOR, INCLUDING DRIVING UNDER THE INFLUENCE OF INTOXICANTS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S), OFFENSE(S), AND WHERE CONVICTED. ATTACH A SEPARATE SHEET OF PAPER WITH INFORMATION IF NECESSARY. _____ _____					
(A CONVICTION IS NOT NECESSARILY A BAR FOR EMPLOYMENT. CONVICTIONS WILL BE CONSIDERED ONLY AS RELATED TO THE JOB APPLIED FOR).					

## POSITION INFORMATION

POSITION APPLIED FOR		ARE YOU INTERESTED IN FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/>					
REFERRAL SOURCE: <input type="checkbox"/> WALK IN <input type="checkbox"/> CUSTOMER <input type="checkbox"/> WEBSITE <input type="checkbox"/> INTERNET POSTING <input type="checkbox"/> JOB FAIR <input type="checkbox"/> EMPLOYEE REFERRAL    WHO REFERRED YOU? _____ <input type="checkbox"/> OTHER _____							
HOURS AVAILABLE TO WORK FROM:	SUNDAY    MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY    SATURDAY						
	AM						
	PM						
SALARY OR WAGE DESIRED				DATE AVAILABLE			
HAVE YOU EVER BEEN EMPLOYED BY NORTHSIDE ELEVATOR? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE WHEN AND REASON FOR LEAVING.							

## EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. ACCOUNT FOR ALL TIME PERIODS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT EXCEEDING 30 DAYS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER WITH INFORMATION.

PRESENT/ LAST EMPLOYER		TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO / MO YR    MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT		
SUMMARY OF DUTIES			

PREVIOUS EMPLOYER		TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO / MO YR    MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

Northside Elevator, Inc. is an Equal Opportunity Employer. All applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected veteran status, age, or any other characteristic protected by law.

PREVIOUS EMPLOYER		TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

PREVIOUS EMPLOYER		TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS		DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING		
SUMMARY OF DUTIES			

### EDUCATION

LIST LAST HIGH SCHOOL, TRADE SCHOOLS AND COLLEGES ATTENDED		
NAME AND LOCATION (CITY/STATE) OF SCHOOL	MAJOR / MINOR	DEGREE/DIPLOMA

### SPECIAL SKILLS

<p>LIST ANY EQUIPMENT, JOB RELATED EXPERIENCE, FORMAL TRAINING OR SKILLS THAT YOU WOULD LIKE US TO CONSIDER (EXAMPLES: FORKLIFT, MAINTENANCE EXPERIENCE, SHOP EQUIPMENT, CLERICAL EXPERIENCE)</p> <p>_____</p> <p>_____</p>
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### REFERENCES

LIST 2 REFERENCES BELOW THAT WE MAY CONTACT WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE. USE PERSONAL REFERENCES, NOT RELATIVES, ONLY IF YOU HAVE NO EMPLOYMENT REFERENCES.			
CHECK ONE <input type="checkbox"/> EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF.	NAME	OCCUPATION	YEARS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP, CODE)			TELEPHONE NUMBER ( )
CHECK ONE <input type="checkbox"/> EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF.	NAME	OCCUPATION	YEARS KNOWN
ADDRESS (STREET, CITY, STATE, ZIP, CODE)			TELEPHONE NUMBER ( )

### IMPORTANT: PLEASE READ, SIGN AND DATE

- I DECLARE THAT ALL STATEMENTS AND ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AGREE THAT ANY UNTRUTH, MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTION FULLY, COMPLETELY AND ACCURATELY WILL BE GROUNDS FOR TERMINATING MY EMPLOYMENT OR WITHDRAWAL OF THE EMPLOYMENT OFFER.
- I AUTHORIZE NORTHSIDE ELEVATOR, INC. TO INVESTIGATE MY REFERENCES, TO COMMUNICATE WITH MY FORMER EMPLOYERS CONCERNING THE SAME, AND TO MAKE AN INDEPENDENT BACKGROUND INVESTIGATION OF MY CHARACTER, CONDUCT AND EMPLOYMENT RECORD, AND TO KEEP AND PRESERVE RECORDS OF SUCH INVESTIGATIONS.
- THE COMPLETION OF AN APPLICATION WITH NORTHSIDE ELEVATOR, INC. IS A PRELIMINARY STEP TO EMPLOYMENT. IT DOES NOT OBLIGATE NORTHSIDE ELEVATOR, INC. TO OFFER EMPLOYMENT, OR ME TO ACCEPT EMPLOYMENT. I AGREE THAT IF EMPLOYMENT IS OFFERED TO AND ACCEPTED BY ME, IT IS MUTUALLY UNDERSTOOD THAT ANY EMPLOYMENT IS NOT CONFINED TO A FIXED TERM AND MAY BE ENDED BY EITHER PARTY WITHOUT PRIOR NOTICE. ALL EMPLOYMENT WITH NORTHSIDE ELEVATOR, INC. IS "AT WILL," AND MAY BE TERMINATED WITH OR WITHOUT CAUSE.
- I UNDERSTAND THAT FEDERAL LAW REQUIRES ALL PERSONS HIRED BY NORTHSIDE ELEVATOR, INC. TO SUBMIT PROPER DOCUMENTATION TO VERIFY THEY ARE AUTHORIZED TO LEGALLY WORK IN THE UNITED STATES. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME WILL RESULT IN IMMEDIATE TERMINATION.
- I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION.
- I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON AND SUBJECT TO CONSENTING TO AND UNDERGOING DRUG TESTING, WHERE ALLOWED BY LAW, THE RESULTS OF WHICH MUST BE SATISFACTORY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



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**NORTHSIDE ELEVATOR, INC.  
FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

IN ACCORDANCE WITH THE PROVISIONS OF SECTION 604(b)(2)(A) OF THE FAIR CREDITING REPORTING ACT, PUBLIC LAW 91-508, AS AMENDED BY THE CONSUMER CREDIT REPORTING REFORM ACT OF 1996 (TITLE II, SUBTITLE D, CHAPTER 1, OF PUBLIC LAW 104-208), YOU ARE BEING INFORMED THAT REPORTS VERIFYING YOUR CRIMINAL BACKGROUND, PREVIOUS EMPLOYMENT, AND YOUR DRIVING RECORD MAY BE OBTAINED ON YOU FOR EMPLOYMENT PURPOSES.

ADDITIONALLY, ON PROSPECTIVE EMPLOYEES WITH A COMMERCIAL DRIVER'S LICENSE (CDL), PREVIOUS DRUG AND ALCOHOL TEST RESULTS WILL BE CONDUCTED AS ARE REQUIRED BY SECTIONS 382.413, 391.23, AND 3.91.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.

BY SIGNING BELOW AS A PRE-EMPLOYMENT CANDIDATE, YOU AUTHORIZE NORTHSIDE ELEVATOR, INC. TO CONDUCT THESE CHECKS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME





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**DRIVER EXPERIENCE AND QUALIFICATIONS**

DRIVERS LICENSES IN THE PAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	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
- C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES  NO
- IF "YES" TO A, B, OR C, ATTACH A STATEMENT GIVING DETAILS.

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES		APPROXIMATE TOTAL MILES
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
TWIN TRAILERS - LCV				
OTHERS				

- A. LIST STATES OPERATED IN DURING LAST FIVE YEARS \_\_\_\_\_
- B. LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_
- C. LIST DRIVING AWARDS HELD AND WHO AWARDS WERE PRESENTED BY \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 3 YEARS**

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
	HEAD-ON, REAR-END, OVER TURN		

**TRAFFIC CONVICTIONS/FORFEITURES FOR THE PAST 3 YEARS**

DATE	LOCATION	CONVICTION	PENALTY

THE U.S. DEPARTMENT OF TRANSPORTATION REQUIRES THAT DRIVER APPLICANTS STATE THEIR DATE OF BIRTH (§391.21(b)(2) IF APPLYING FOR A DRIVER POSITION.

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_