

## APPLICATION FOR EMPLOYMENT 13030 County Road 20 | Fort Lupton, CO 80621 O: 303-990-7050 | www.countrytruckservice.com

PLEASE EMAIL COMPLETED FORM AND RESUME (IF APPLICABLE) TO KEVIN@COUNTRYTRUCK.NET

## An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, sexual orientation or gender identity, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based upon non-job related information.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions in detail. Use extra paper if you do not have enough space on this application to answer a question(s).
PLEASE PRINT, except for placing your signature at the end of this application. None of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

| GENERAL                                 |                                 |                              |                                     |
|---|---------------------------------|------------------------------|-------------------------------------|
|   |                                 |                              |                                     |
| Last Name                               | First Name                      | Middl                        | e Name                              |
|   |                                 |                              |                                     |
| Current Street Address                  | City                            | State                        | Zip Code                            |
| Email Address                           |                                 |                              |                                     |
| Eman Address                            |                                 | Phor                         | ne Number                           |
| leb Applying Fer                        |                                 | т                            | odavis Data                         |
| Job Applying For                        |                                 | •                            | oday's Date                         |
| Type of Employment:Full-Time            | Part-Time                       | Temporary                    |                                     |
| Salary/Wage Desired:                    | Date You (                      | Can Start Work:              |                                     |
| Are You 18 Years of Age? Yes            | <b>NO</b> If hired, you will be | required to furnish proof of | your eligibility to work in the US. |
| Have you applied here before? Yes       | No If so, when                  | n?                           |                                     |
| Have you ever been employed here?       | Yes No If so                    | o, when?                     |                                     |
| If employed, do you expect to be engage | d in any additional bu          | isiness or employi           | ment outside of                     |

CT Service? Yes No If yes, please give detail:

| -                                   | Name and Address of School                  | Number of Years Completed         | Diploma/Degree       |
|-------------------------------------|---|-----------------------------------|----------------------|
| High School<br>or GED               |   |                                   |                      |
| College or<br>University            |   |                                   |                      |
| Subjects St                         | tudied                                      |                                   | <u></u>              |
| Vocational or<br>Technical          |   |                                   |                      |
| Subjects S                          | Studied                                     |                                   |                      |
|                                     | 6   |                                   |                      |
| List any addition                   | nal skills or training which may b          | be related to the job for which y | ou are applying:     |
| List any machin<br>job you're apply | es or equipment you are trained<br>ing for: | or certified to operate which m   | ay be related to the |

Driver's License Number: \_\_\_\_\_\_ Class: \_\_\_\_\_ State Issued: \_\_\_\_\_

No

Please list any professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age disability, genetic information, sexual orientation, gender identity, or any other protected status.)

## WORK HISTORY

Do you have a driver's license? Yes

Please list names of employers in consecutive order with your current or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, provide the company name and supply business references. Please provide a detailed response to each question.

| Employer Name            |           | Address |        | Phone Number |
|--------------------------|-----------|---------|--------|--------------|
| Employed from:           | M/Yr to   |         | M/Yr   |              |
| Positions Held & Duties: |           |         |        |              |
|                          |           |         |        |              |
|                          |           |         |        |              |
| Supervisor Name(s) and   | Title(s)  |         |        |              |
|                          |           |         |        |              |
| Employer Name            |           | Address |        | Phone Number |
| Employed from:           | M/Yr to _ |         | _ M/Yr |              |
| Positions Held & Duties: |           |         |        |              |
|                          |           |         |        |              |
|                          |           |         |        |              |
| Supervisor Name(s) and   | Title(s)  |         |        |              |
|                          |           |         |        |              |
|                          |           |         |        |              |
| Employer Name            |           | Address |        | Phone Number |
| Employed from:           | M/Yr to   |         | M/Yr   |              |
| Positions Held & Duties: |           |         |        |              |
|                          |           |         |        |              |
|                          |           |         |        |              |
| Supervisor Name(s) and   | Titlo(s)  |         |        |              |

| Employer Name           | Ad          | Address |  |
|-------------------------|-------------|---------|--|
| Employed from:          | M/Yr to     | M/Yr    |  |
| Positions Held & Duties | :           |         |  |
|                         |             |         |  |
|                         |             |         |  |
|                         |             |         |  |
| Supervisor Name(s) ar   | nd Title(s) |         |  |

## REFERENCES

Have you worked or attended school under any other names? Yes No If yes, give the names and dates each name was used:

Are you presently employed? Yes No If yes, provide the name and job title of the reference we should contact at your current employer:

Please provide the name, address, and phone number of three references that are not relatives or former employers: