

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	NO 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 or GED			
College or University			
Subjects St	tudied		<u></u>
Vocational or 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 job you're apply	es or equipment you are trained 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: