

Application For Employment

Owner-Operator Independent Drivers Association
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position(s) Applied For	Salary Requirements	Negotiable / Non-Negotiable		Date of Application
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend _____			<input type="checkbox"/> Walk-In _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative _____			<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address	Number	Street	City	State
				Zip Code
Telephone Number(s)		E-mail Address		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... Yes No

Have you ever filed an application with us before?..... Yes No

Have you ever been employed with us before?..... Yes No
If yes, give date _____

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
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?..... _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

Are you bound by any restrictive agreements such as noncompeting agreement?..... Yes No

Have you been convicted of a felony within the last 7 years?..... Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain.

Equal Opportunity Employer

Employment Experience

Start with your present or last job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, national origin, disability or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Additional Information

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> AS 400	<input type="checkbox"/> Fax	MAILROOM:	PROGRAM(S) FAMILIAR WITH:
<input type="checkbox"/> PC	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Inserter	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> Scanner	<input type="checkbox"/> Tabber	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Labeler	_____
<input type="checkbox"/> Data Processing	<input type="checkbox"/> Other _____		

References

1.	_____	()	_____
	(Name)		

	(Address)		
2.	_____	()	_____
	(Name)		

	(Address)		
3.	_____	()	_____
	(Name)		

	(Address)		

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" Employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. 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 the employer.

Signature of Applicant

Date

Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks _____		
_____	Interviewer _____	Date _____
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hourly Rate/Salary _____	Date of Employment _____	Job Title _____
	Department _____	
By (Name and Title) _____		Date _____