



T.K. Stanley, Inc.
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Employees of T.K. Stanley, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application confidential assistance in filling out this application may be obtained by calling toll free.

1. Position applied for: 2. Location:

3. Social Security No.: (Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. FULL LEGAL NAME

Last Name: First Name: Middle Initial:

5. Address Street:

City: State: Zip:

6. Home Phone: 7. Business Phone:

8. EDUCATION

a. Select highest grade completed: *Year Completed:

b. If you did not complete high school, do you have a high school equivalency diploma? *Year Received:

c. Select number of years of post high school education:

1.	Name and Location of Institution: <input type="text"/>	Hours: <input type="text"/>	Degree: <input type="text"/>
	Major or Specialty: <input type="text"/>	Minor: <input type="text"/>	*Dates Attended <input type="text"/>

2.	Name and Location of Institution: <input type="text"/>	Hours: <input type="text"/>	Degree: <input type="text"/>
	Major or Specialty: <input type="text"/>	Minor: <input type="text"/>	*Dates Attended <input type="text"/>

3.	Name and Location of Institution: <input type="text"/>	Hours: <input type="text"/>	Degree: <input type="text"/>
	Major or Specialty: <input type="text"/>	Minor: <input type="text"/>	*Dates Attended <input type="text"/>

9. EXPERIENCE

Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the this same organization as separate items.

May we contact your present supervisor?

a. Job Title:

Employer: Phone:

Address Street:

City: State: Zip:

Type of Business:

Immediate Supervisor:

Salary (start): \$ Salary (finish): \$

Dates(mon/yr): To(mon/yr):

Status: Hours/week:

Duties:

Number and titles of employees you supervised:

Equipment used:

Reason for leaving:

Your name if different from present:

b. Job Title:

Employer: Phone:

Address Street:

City: State: Zip:

Type of Business:

Immediate Supervisor:

Salary (start): \$ Salary (finish): \$

Dates(mon/yr): To(mon/yr):

Status: Hours/week:

Duties:

Number and titles of employees you supervised:

Equipment used:

Reason for leaving:

Your name if different from present:

c. Job Title:

Employer: Phone:

Address Street:

City: State: Zip:

Type of Business:

Immediate Supervisor:

Salary (start): \$ Salary (finish): \$

Dates(mon/yr): To(mon/yr):

Status: Hours/week:

Duties:

Number and titles of employees you supervised:

Equipment used:

Reason for leaving:

Your name if different from present:

d. Job Title:

Employer: Phone:

Address Street:

City: State: Zip:

Type of Business:

Immediate Supervisor:

Salary (start): \$ Salary (finish): \$

Dates(mon/yr): To(mon/yr):

Status: Hours/week:

Duties:

Number and titles of employees you supervised:

Equipment used:

Reason for leaving:

Your name if different from present:

e. Job Title:

Employer: Phone:

Address Street:

City: State: Zip:

Type of Business:

Immediate Supervisor:

Salary (start): \$ Salary (finish): \$

Dates(mon/yr): To(mon/yr):

Status: Hours/week:

Duties:

Number and titles of employees you supervised:

Equipment used:

Reason for leaving:

Your name if different from present:

10. ADDITIONAL DRIVER INFORMATION

a. Date of Birth (Required for Commercial Drivers): Can you provide proof of age?

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

c. All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle ** in intrastate commerce shall also provide an additional 7 years; information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

1. Employer Name: Dates From: To:

Address Street:

City: State: Zip:

Contact Person: Phone Number:

Position Held:

Salary/Wage:

Reason for leaving:

2. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

3. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

4. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

5. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

6. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

7. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

8. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

9. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

10. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

11. Employer Name: Dates From: To:
Address Street: Position Held:
City: State: Zip: Salary/Wage:
Reason for leaving:
Contact Person: Phone Number:

d. Accident record for the past 3 years. If none, check here: No Accidents

Accident Date:	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities:	Injuries:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

e. Traffic convictions and forfeitures for the past 3 years (other than parking violations) No Convictions

Location:	Date:	Charge:	Penalty:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location: Date: Charge: Penalty:

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Location: Date: Charge: Penalty:

f. Experience and qualifications - Driver Licenses

State: License No. Type: Expiration Date:

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State: License No. Type: Expiration Date:

g. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

h. Has any license, permit or privilege ever been suspended or revoked?

i. Driving Experience, If no experience check here No Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx. No. of miles (TOTAL)
		From	To	
Straight Truck	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor and Semi-Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor - Two Trailers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Coach-School Bus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

j. List State operated in for last five years:

k. Show special courses or training that will help you as a driver:

l. Which safe driving awards do you hold and from whom?

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

n. List courses and training other than shown elsewhere in this application.

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

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

1. Name: Relationship: Phone Number:

Address Street:

City: State: Zip:

2. Name: Relationship: Phone Number:

Address Street:

City: State: Zip:

3. Name: Relationship: Phone Number:

Address Street:

City: State: Zip:

12. MISCELLANEOUS

a. Select which shift you will accept: Specify shift hours:

b. Select which job status you would accept: If Part-time, please specify:

c. Select which employment status you would accept:

d. Are you willing to accept employment which requires you to travel? If yes,

e. List the geographic locations in which you are willing to work:

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Are you willing to provide your own transportation if necessary for your employment?

h. Have you ever applied to this company before? If yes, Where? , When?

i. Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before you eighteenth birthday which were finally adjudicated in Juvenile Court or under a youth offender law?
If yes, list all and explain:

13. When would you be available to start work? (No date is necessary if you are available as soon as give your two (2) weeks notice.)

14. Certification

I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of T.K. Stanley, Inc. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize T.K. Stanley, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organization or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: Signature: