

WESTFALL O'DELL TRANSPORTATION SPECIALISTS

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME _____ SOC SEC# _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

ARE YOU 18 YRS OR OLDER YES NO PHONE# () _____ APT# _____

IN CASE OF EMERGENCY NOTIFY _____

ARE YOU EITHER AN U. S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U. S.? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EVER WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REASON FOR LEAVING _____

WHO REFERRED YOU TO THIS COMPANY EMPLOYMENT AGENCY NEWSPAPER AD OTHER

STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT SVC WALK IN FRIEND

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	*YEARS ATTENDED?	*GRADUATE ?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

DO YOU HAVE ANY PHYSICAL OR HEALTH LIMITATIONS OR DISABILITIES THAT MAY HINDER YOUR ABILITY TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU HAVE APPLIED, OR DO YOU REQUIRE ANY ACCOMMODATION FOR THE PERFORMANCE OF THE DUTIES OF THAT JOB? IF SO, STATE THE NATURE OF THE LIMITATION OR DISABILITY, AND DESCRIBE THE ACCOMMODATION REQUIRED.

FORMER EMPLOYERS: LIST BELOW THE LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST.

EMPLOYER NAME, ADDRESS, & PHONE	SUPERVISOR'S NAME	POSITION/JOB DESCRIPTION	DATE FROM TO	SALARY	REASON FOR LEAVING
PH# ()					
PH# ()					
PH# ()					

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE #	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL
 I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.
 I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE _____ SIGNATURE _____

WESTFALL INVESTMENT ASSOCIATES
P.O. BOX 418050
KANSAS CITY, MO 64141
(816) 455-7262

In connection with my application for employment (including contract for services) with you, I understand that an investigative report is being requested from DAC services, Tulsa, Oklahoma, that will include information concerning my driving record, and any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency, and/or information from various federal, state, and other agencies which maintain records concerning state provided driving records.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from DAC.

I also understand that I will be required to take a pre-employment physical, which includes, but is not limited to, a drug and alcohol screening. By signing this form I am acknowledging that I have been told and do understand these conditions.

Print Name _____

Social Security Number _____

Applicant's Signature _____ Date _____

DRIVERS LICENSE INFORMATION

FULL NAME _____
 LAST FIRST MIDDLE

DRIVERS LICENSE NUMBER _____

STATE OF ISSUANCE _____

DATE OF BIRTH _____
 MONTH DAY YEAR

SOCIAL SECURITY NUMBER _____