



BOURBON TRUCKING AND BOURBON TRAILERS EMPLOYMENT APPLICATION



EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

NAME	SOCIAL SECURITY:	PHONE:
PRESENT ADDRESS		

Position applied for _____ Salary _____
Employment desired <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL- OR PART-TIME Start date? _____
How many hours can you work weekly? _____ Are you available weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name and relationship of relatives employed at Bourbon _____ Referred by _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Other				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your means of transportation to work? _____
Driver's license number _____
State of issue _____ Expiration date _____ Commercial (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Please give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

SKILLS / QUALIFICATIONS

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

May we contact your present employer? ___ Yes ___ No

Name of employer Address City, State, Zip Code Phone number	Position	Employment dates	Pay or salary
		From	Start
		To	Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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