

# James H. Drew Corporation

## Employment Application

An Equal Opportunity Employer

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you over 18 years of age? Yes No

Are you a U.S. Citizen? Yes No

If you are not a U.S. Citizen, are you legally qualified to work in the U.S? Yes No

Details: \_\_\_\_\_

Have you submitted an application here before? Yes No If yes, when? \_\_\_\_\_

Have you been employed here before? Yes No If yes, when? \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information on essential functions

Will you work overtime if required? Yes No If no, please explain \_\_\_\_\_

Will you travel if the job requires it? Yes No If no, please explain \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?

Yes No If yes, please explain \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

## Union Information

Local: \_\_\_\_\_ Classification: \_\_\_\_\_

	Name & Location	Number of Years Completed	Course of Study	Graduate?
High School:				
College:				
Other:				

## Employment History

Last Employer: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

## References

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Skills & Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position which you are applying for:

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## Driver's License Information

State	License Number	License Type	Expiration Date

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles Driven
		Begin	End	
Straight Truck:				
Tractor & Semi-Trailer:				
Tractor-Two Trailers:				
Other:				

## Accident Record for Past 3 Years

	Dates	Nature of Accident (Head On, Rear End, Etc.)	Fatalities	Injuries
Last Accident:				
Next Previous:				
Next Previous:				

## Traffic Convictions & Forfeitures for Past 3 Years

Date	Location	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    No

Has any license, permit or privilege to operate a motor vehicle ever been suspended or revoked?    Yes    No

If you answered yes to either question, please give details:

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# Applicant Statement

I certify that all information provided in this Employment Application is true. I understand that any false statement made herein is sufficient reason for rejection of this application or termination of subsequent employment regardless of the date of discovery. I authorize James H Drew Corporation and its affiliated or subsidiary companies (the "Company") to investigate all statement made in my Employment Application and any associated materials. I authorize former employers, educational institutions and others, and their agents or employees, to respond to questions concerning information given in this Employment Application, and I further release from liability such former employers, education institutions or persons providing such information to the Company.

I understand that as a condition of employment and/or continued employment, I may be required to take a physical examination which may include the collection of blood and/or urine samples for the purpose of determining the presence of alcohol and/or drugs. I understand that my refusal to cooperate fully with the examination and testing procedures can result in my not being hired, or subsequently terminated. I agree that all findings of this examination may be submitted to the company and if the physical examination includes taking blood and/or urine samples, I hereby expressly release the collection agency and the testing laboratory from any liability for performing the requested tests on specimens collected from my person, and from communicating the results of these tests to the company.

I understand that an offer of employment from the Company may be contingent upon the receipt and evaluation of a background check report. Disclosure of convictions within this application does not automatically disqualify me for employment; however, information obtained from the investigation will be used in the employment review process.

## Applicant Signature

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Notice:** James H Drew Corporation is an Equal Opportunity employer, and provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, gender, national origin, age, disability or genetics. In addition to federal law requirements, James H Drew Corporation complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination layoff, recall, transfer, leaves of absence, compensation and training.

James H Drew Corporation expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status. Improper interference with the ability of James H Drew Corporation's employees to perform their job duties may result in discipline up to and including discharge.

# James H. Drew Corporation

## Equal Employment Opportunity Data Form (Voluntary Form)

### DEMOGRAPHICS

Information regarding handicaps, ethnicity, and military status is considered confidential and is used only in the purpose of promoting equal employment opportunity, in accordance with Federal regulations. Providing this information is strictly voluntary. Your responses (or decision not to respond) will have no adverse effect on your job benefits or employment/advancement opportunities.

Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Other

\_\_\_\_\_ American Indian \_\_\_\_\_ Alaskan Native

\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander

Handicap: \_\_\_\_\_ Yes \_\_\_\_\_ No

Military Status: \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Qualified Disabled Veteran

\_\_\_\_\_ Active Reserves \_\_\_\_\_ Inactive Reserves

\_\_\_\_\_ Veteran (Vietnam Era) \_\_\_\_\_ Veteran (Not Vietnam)

### Applicant Signature

Name: \_\_\_\_\_

Date: \_\_\_\_\_