

EMPLOYMENT APPLICATION

Position(s) Applied For: _____

Name: _____
LAST FIRST MIDDLE

Phone #: _____ Cell Phone #: _____ Email #: _____

List addresses for past 5 years beginning with most recent:

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Address: _____
and STREET CITY PROV POSTAL CODE FROM (YR) – TO (YR)

Do you have the legal right to work in the United States? _____ Valid Driver's License: Y / N

Date of Birth: _____ / _____ / _____ Have you ever been convicted of a felony? _____

If yes, explain: _____

Education

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
NAME CITY

Experience and Qualifications - Driver

DRIVER LICENCES	PROV / STATE	LICENCE NO.	TYPE	EXPIRATION DATE

A: Have you ever been denied a licence, permit or privilege to operate a motor vehicle? YES [] NO []

B: Has any licence, permit or privilege ever been suspended or revoked? YES [] NO []

If the answer to either A or B is YES, attach a statement giving details.

Driving Experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROX # OF MILES (Total)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
PICKUP W/ TRIALER				
OTHER				

Employment History

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

EMPLOYER	DATE
Name:	From: Mo. Yr. To: Mo. Yr.
Address:	Position Held:
City: Prov: Postal Code:	Salary/Wage:
Contact Person: Tel #:	Reason for Leaving:

Applicant's Signature: _____ **Date:** _____

In compliance with Federal and Provincial equal employment opportunities laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status or non-job related disability.

Please mail to:
Alex Movers/11-11 Landscaping
P.O. Box 24
Nelson, MN 56355