

Roy Miller Freight Lines, LLC.

An Equal Oppor	rtunity Employer			
Please Print				
Date	Last Name	First Name	Middle	
Present Address	s			
No.&Street		City	State	ZipCode
Permanent Add	ress (if different from pre	sent address)		
No.&Street		City	State	Zip Code
Business Phone	Home Phone			
Employment De	esired			
Position applying	g for:			
Are you applying	g for:			
Regular f	full-time work?			Yes. No
Regular	part-time work?			Yes No
Tempora	ary work, e.g., summer or h	oliday work?		
What days and	hours are you available f	or work?		
If applying for te	emporary work, during wh	nat period of time will you be avail	able?	
From:		To:		
Are you available	for work on weekends?			Yes No
Would you be av	vailable to work overtime, i	f necessary?		Yes No
If hired, what date	e can you start work?			
Salary desired:	_			

Personal Information	
How did you hear about our company and this job opening?	
Have you ever applied to or worked for Roy Miller Freight Lines, LLC. If yes, when?	before? Yes No
Why are you applying for work at Roy Miller Freight Lines, LLC	?
If hired, would you have a reliable means of transportation to and from work?	Yes No
Are you at least 18 years old?(If under 18, hire is subject to verification that you are of minimum legal age.)	Yes No
Are you able to perform the essential functions of the job for which you are applying, eith with or without reasonable accommodation?	ner Yes No
If no, describe the functions that cannot be performed.	

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

ool	Name and Address			No. of Years Completed	Did you Graduate?	Degree or Diploma
jh nool						Yes No
SCHOOL	Name					
	Address					
	City	State	Zip Code			
lege/						Yes No
University	Name					
	Address					
	City	State	Zip Code			
ational/						☐ Yes ☐ No
usiness	Name					
	Address					
	City	State	Zip Code			
thCare						Yes No
raining	Name					
	Address					
	City		Zip Code			

Answer the following	ng questions	if you are ap	plying for a professional p	osition :	
Are you licensed/certified for the job applied for?					
				Issuing state:	
License/certificatio	n number:			<u> </u>	
Has your license/certi	ification ever be	een revoked or	suspended?	Yes No	
If yes, state reason(s	s), date of revo	cation or suspe	nsion, and date of reinstateme	nt.	
Employment Histor List below all present a You must complete th	and past emplo			yer (last five years is sufficient).	
Name of Employer			Phone Number		
Type of Business			Your Supervisor's Name		
Address&Street			City	State Zip Code	
Dates of Employment:	:				
	From	То			
Your Position and Duties					
Reason for Leaving					
Current employer?					
May we contact this er	mployer for a re	eference?		Yes No	
Name of Employer			Phone Number		
Type of Business			YourSupervisor's Name		
Address&Street			City	State Zip Code	
Dates of Employment:					
	From	То			
Your Position and Duties					
Reason for Leaving					
May we contact this er	mplover for a re	eference?			

Name of Employer			Phone Number		
Type of Business			Your Supervisor's Name		
Address &Street			City	State Zip Code	
Dates of Employment:					
	From	То			
Your Position and Duties					
Reason for Leaving					
Vlay we contact this em	nployer for a re	eference?			
Name of Employer			Phone Number		
Type of Business			Your Supervisor's Name		
Address &Street			City	State Zip Code	
Dates of Employment:					
	From	То			
Your Position and Duties					
Reason for Leaving					
May we contact this em	nployer for a re	eference?		Yes No	
Name of Employer			Phone Number		
Type of Business			Your Supervisor's Name		
Address&Street			City	State Zip Code	
Dates of Employment:					
	From	То			
Your Position and Duties					
Reason for Leaving					

References

Occupation

List below three persons not related to you who have knowledge of your work performance within the last three years. First Name Last Name Phone Number Zip Code Address&Street City State Occupation No. of Years Acquainted First Name Last Name Phone Number City Address&Street State Zip Code Occupation No. of Years Acquainted First Name Phone Number Last Name Address&Street City State Zip Code

No. of Years Acquainted

Please Re	ad Carefully, Initial Ea	ach Paragraph and Sign Below	
Initials	chances for employme knowledge. I further ce I understand that any o used to secure employ	have not knowingly withheld any informatent and that the answers given by me are fertify that I, the undersigned applicant, have pomission or misstatement of material fact on forment shall be grounds for rejection of this ardless of the time elapsed before discovery.	true and correct to the best of my bersonally completed this application. this application or on any document
	Thereby authorize Ro	y Miller Freight Lines, LLC.	to thoroughly investigate my
Initials	otherwise specified abo and all letters, reports a such disclosure. In addi corporations, partnersh	d, education and other matters related to move. I further, authorize the references I have and other information related to my work recition, I hereby release the Company, my form hips and associations from any and all claims, uch investigation or disclosure.	listed to disclose to the company any ords, without giving me prior notice of ler employers and all other persons,
Initials	granted or during my e and the Company. In a definite or determinabl option of either myseli	ng contained in the application, or conveyed imployment, if hired, is intended to create an ddition, I understand and agree that if I am e le period and may be terminated at any time, for the Company, and that no promises or on the company unless made in writing and d representative.	employment contract between me employed, my employment is for no with or without prior notice, at the representations contrary to the
Initials		leral law, all persons hired will be required to and to complete the required employment elig	
	Date	Applicant's Signature	

	Should a search of public records be conducted by internal personnel employed by the Company, I
Initials	am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request conducted by internal personnel employed by the Company will only be used to the extent allowed by federal, state, or local law.
	I waive receipt of a copy of any public record described in the paragraph above.