

An Equal Opportunity Employer

Please Print

Date	Last Name	First Name	Middle	
Present Addres	S			
No.&Street		City	State	ZipCode
Permanent Add	Iress (if different from pres	ent address)		
No.&Street		City	State	Zip Code
Business Phone	HomePhone			
Employment D	esired			
Position applyin	ig for:			
Are you applyin	g for:			
Regular	full-time work?			. <u>Yes</u> No
Regular	part-time work?			Yes No
Tempor	ary work, e.g., summer or hol	liday work?		Yes No
What days and	hours are you available fo	r work?		
If applying for te	emporary work, during wha	at period of time will you be avai	lable?	
From:		То:		
Are you available	e for work on weekends?			s 🗌 No
Would you be av	vailable to work overtime, if	necessary?	Yes	s 🗌 No
If hired, what da	te can you start work?			
Salary desired:				

Personal	Information

did you hear about our company and this job opening?
--

Have you ever applied to or worked for Roy Miller Freight Lines, LLC.	before? Ye	s 🗌 No
If yes, when?	-	
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.)	.Xes .No	
Are you able to perform the essential functions of the job for which you are applying, eith with or without reasonable accommodation?	her	
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.

Education, Training, and Experience

Name and Address			No. of Years Completed	Did you Graduate?	Degree or Diploma
News					Yes No
Name					
Address					
City	State	Zip Code			
					Yes No
Name					
Address					
City	State	Zip Code			
					Yes No
Name					
Address					
City	State	Zip Code			
					Yes No
Name					
Address					
City	State	Zip Code			
ave any other experie	nco trainin	a qualificatio	one or skills that	you fool ma	kovou
				you leel lina	? Yes No
so, please explain:					
	Name Address City Address City Address City Address City City Address City City Name City	Name Address City State Name Address City State	Name Address City State Zip Code Name Address	Name	Completed Graduate? Name

Answer the following questions if you a	are applying for a professional	position :
Are you licensed/certified for the job applied	for?	Yes No
Name of license/certification:	Issuing state:	
License/certification number:		
Has your license/certification ever been revol	ked or suspended?	Yes No
If yes, state reason(s), date of revocation or	suspension, and date of reinstateme	ent.
Employment History List below all present and past employment s You must complete this section even if attac		oyer (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 T	Γο	
Your Position and Duties		
Reason for Leaving		
Current employer?		YesNo
May we contact this employer for a reference	?	Yes No
Name of Employer	Phone Number	
Type of Business	Your Supervisor's Name	
Address&Street	City	State Zip Code
Dates of Employment: From T	Го	
Your Position and Duties		
Reason for Leaving		
May we contact this employer for a reference?	?	
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Employment History, continued

Name of Employer			PhoneNumber	
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	ference?		
Name of Employer			PhoneNumber	
Name or Employer			Thone 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	ference?		
Name of Employer			Phone Number	
Type of Business			Your Supervisor's Name	
Address&Street			City	State ZipCode
Dates of Employment:				
	From	То		
Your Position and Duties				
Reason for Leaving				
May we contact this er	nployer for a re	eference?		Yes 📃 No
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References

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
Address&Street		City	State	Zip Code
Occupation		No. of Years Acquainted		
First Name	Last Name		Phone	Number
Address&Street		City	State	ZipCode
Occupation		No. of Years Acquainted		
First Name	Last Name		Phone	Number
Address&Street		City	State	Zip Code
Occupation		No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.				
	I hereby authorize Roy Miller Freight Lines, LLC.	to thoroughly investigate my			
Initials	references, work record, education and other matters related to my otherwise specified above. I further, authorize the references I have list and all letters, reports and other information related to my work record such disclosure. In addition, I hereby release the Company, my former corporations, partnerships and associations from any and all claims, de in any way related to such investigation or disclosure.	ed to disclose to the company any ds, without giving me prior notice of employers and all other persons,			
Initials	I understand that nothing contained in the application, or conveyed of granted or during my employment, if hired, is intended to create an err and the Company. In addition, I understand and agree that if I am employed definite or determinable period and may be terminated at any time, wi option of either myself or the Company, and that no promises or re foregoing are binding on the company unless made in writing and a Company's designated representative.	nployment contract between me ployed, my employment is for no th or without prior notice, at the presentations contrary to the			
Initials	In compliance with federal law, all persons hired will be required to ver in the United States and to complete the required employment eligit upon hire.				

Date

Applicant's Signature

Initials

Should a search of public records be conducted by internal personnel employed by the Company, I 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.

Date