

IncidentClear, LLC.

Employment Application



APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available		Social Security		Desired Salary		
Position Applied for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Is there any reason you might be unable to perform the duties required in the description of the position you are applying for?						

EDUCATION			
High School			Address
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	
Experience or Skills Gained	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.	
Signature	Date

DRIVER APPLICATION

Employment Application



DRIVING EXPERIENCE AND QUALIFICATIONS

List any trucking, transportation or other experience that may help in your work for this company

LICENSE INFORMATION

List current and unexpired personal and Commercial Drivers Licenses or Permits

License No.	State	Date Issued	Date Expires	Type

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

Has any license, permit, or privilege ever been suspended or revoked? YES NO

ACCIDENT HISTORY (LAST 3 YEARS)

If no accidents in the past 3 years – check here

Date (month/year)	Nature of Accident (rear-end, head-on, etc.)	# Fatalities	# Injuries	Vehicle Type

TRAFFIC CONVICTIONS AND FORFEITURES (LAST 3 YEARS)

If no traffic convictions in the past 3 years – check here

Date Convicted (month/year)	Violation (Other than violations involving parking only)	State	Penalty (Forfeited bond, collateral and/or points)

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Signature

Date