

EMPLOYEE APPLICATION

U.S. Placement, Inc. (1314 Las Olas Blvd., Fort Lauderdale, Florida 33301)

CDL: CLASS A () CLASS B () CLASS C () NON-CDL ()

Location: _____ Ref#: _____

Name: _____ Position: _____ Date: _____

Last / First / MI

Phone #: _____ Cell Phone #: _____

Current Address: _____

Street / City / State / Zip Code AND County

**If you have not lived at the above address for three (3) years, list below all additional residences for the past three years.*

Address: _____

Street / City / State / Zip Code and County

Address: _____

Street / City / State / Zip Code and County

If you have worked for this company before, list date ranges, position held and reason for leaving:

From _____ to _____. Reason for leaving: _____

Are you currently employed? _____ If yes, reason for leaving? _____

Do you have transportation to and from work? Yes _____ No _____ If yes – Personal Vehicle _____ Bus _____

Have you ever been bonded? _____ If yes, name of Company: _____

Have you ever been **convicted** of a crime? _____ If yes, please explain fully on back (dates / crime / explanation)

Conviction of crime is not an automatic barrier to employment, all circumstances will be reviewed and considered

Indicate Highest Level of Education Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 4+

Date First Issued Commercial Drivers License, Class A: _____ Class B: _____

Date of Birth* ____ / ____ / ____ State: _____ Social Security # ____ / ____ / ____ State: _____

**Required only for driver applicants*

DRIVING HISTORY / EXPERIENCE (TRUCK DRIVER APPLICANTS ONLY)

List below all drivers license information & experience for a minimum of the past five (5) years. **Must be completed.**

Type / Class	State Issued	License #	Expiration Date
Class	Dates From/To	Equipment Type Van/Flat/etc.	Approx. Total Miles
Location City/St	Date	Violation / Citation	Penalty / Points
Accidents	Date	Preventable / Non-Preventable	

APPLICANT NAME: _____

All applicants MUST COMPLETE ALL employment history for the past three (3) years.
ALL DRIVER applicants MUST COMPLETE an ADDITIONAL seven (7) years COMMERCIAL DRIVING EMPLOYMENT information.
NOTE: List employers in reverse order starting with the most recent. Add additional sheets if necessary.

Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		
Current Employer:	Position:		
Address:	Start Date:	End Date:	
City/State/Zip:	Start Pay:	End Pay:	
Contact/Phone:	Pkg Food Handling Experience?		

List any transportation/food service training/experience and/or other training/experience which should be considered

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. I also certify that this application was completed by me and that all the information indicated is true and complete to the best of my knowledge. It is agreed and understood that you (the employer) may investigate my background with regards to employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damage due to the furnishing of such information. I understand that, as an applicant and if hired, employee, I may be asked to demonstrate that I am capable of performing tasks pertinent to the job. I also understand that employment is conditional upon the results of drug testing and physical examination. It is also understood and agreed that under the Fair Credit Reporting Act, Public Law 91-508, I have been advised that an investigative Consumer Report (including personal character information, financial and other background information including Criminal record) may be generated.

I understand that errors/omissions and misrepresentation of information/facts may result in rejection and/or dismissal. I further certify that I am in possession of only 1 drivers license and that should I at any time receive notification of suspension, revocation or cancellation of such, I will notify employer within 24 hours. This also applies to any violations occurring out of state other than the state of issue.

Applicant Signature _____ Date _____

FOR OFFICE/ADMINISTRATION USE ONLY

Activity	Date	Excellent	Above Average	Fair	Below Average	Poor	Documentation on File	Comments
Application								
Copy of DL								
Copy of Soc Sec Card								
Interview								
Drug Test								
Physical								
Road Test								
Written Test								
Employment Verification								
MVR Verification								
Med Card Verification								
Soc Sec Verification								
On Duty Hours Stmt								

Comments: _____

STATUS:

Hired: Yes ____ No ____ Date Hired: _____
 Position: _____ Department: _____
 Pay Rate: _____
 Interviewed by: _____ File Audited by: _____

PREVIOUS EMPLOYMENT

This section is be filled out by Applicant.

I hereby authorize you to release the following information to: **U.S. Placement, Inc.** or its assigns for purposes of investigation:

- Employment Verification

For purposes of investigation as required by Section 391.23 and 382.405 of the Federal Motor Carrier Safety Regulation, I hereby authorize you to supply the following information to **U.S. Placement, Inc.** or its assigns:

- Driving Record/History

- Alcohol/Controlled Substance Testing

Section 391.23

Section 382.405

You are released from any and all liability which may result from furnishing such information.

Signature of Applicant: _____ Date: _____

This section is to be filled out by Requestor.

I hereby certify that in accordance with the Fair Credit Reporting Act (Public Law 91-508) the information requested below will be used for "permissible purpose" as defined in the Act.

I hereby certify that the applicant named below will receive identification of sources of such information which results in denial of employment.

Signature of Requestor: _____ Date: _____

Return Address: **U.S. Placement, Inc.** (Corporate HQ)
1314 Las Olas Blvd.
Fort Lauderdale, FL 33301
Fax: 954-208-7774

Dear Sir/Madam:

The following named person has made an application with our company for the position of: _____

Please furnish the applicants employment history below. For drivers, as in accordance with Section 391.23 & 382.405 of the Federal Department of Transportation regulations, please furnish the requestor with the applicants driving record and controlled substance/alcohol testing record.

Information on your files for this applicant:

Name: _____ Date of Birth: _____ (Drivers Only)

Address: _____

Drivers License: _____ Soc. Sec. #: _____

Employment History:

General: Position: _____ Start Date: _____ End Date: _____

Reason for Leaving: _____

Was his/her overall performance satisfactory? Yes () No () Comment: _____

Is he/she eligible for re-hire? Yes () No () Comment: _____

Drivers Only: Did he/she drive a motor vehicle while in your employ? Yes () No ()

If Yes, () Van () Straight Truck () Tractor/Semi () Dump Truck () Other

Was he/she a safe driver? Yes () No () Comment: _____

Has he/she ever tested positive for a controlled substance within the last 2 years? Yes () No ()

Has this person ever had an alcohol test with a Breath Alcohol Concentration .04 or greater in the last 2 years? Yes () No ()

If yes to any of the above, please give the SAP's (Substance Abuse Professional) name, address and phone number below:

Signature: _____ Title: _____ Date: _____

BACKGROUND / DRUG AUTHORIZATION

This section is be filled out by Applicant.

I hereby authorize you to release following information to: **U.S. Placement, Inc.** or its assigns for purposes of investigation:

- Criminal Record / History

For purposes of investigation as required by Section 391.23 and 382.405 of the Federal Motor Carrier Safety Regulation, I hereby authorize you to supply the following information to **U.S. Placement, Inc.** or its assigns:

- Driving Record/History (MVR)

- Alcohol/Controlled Substance Testing

You are released from any and all liability which may result from furnishing such information.

Authorization: _____ Date: _____

Applicant Signature

Address: _____

City/State/Zip AND County

Social Security Number: _____ Date of Birth: _____

Drivers License # and State of Issuance: _____

Print Name: _____

This section is to be filled out by Requestor.

I hereby certify that in accordance with the Fair Credit Reporting Act (Public Law 91-508) the information requested below will be used for "permissible purpose" as defined in the Act.

I hereby certify that the applicant named below will receive identification of sources of such information which results in denial of employment.

Signature of Requestor: _____ Date: _____

Return Address: **U.S. Placement, Inc.** (Corporate HQ)
1314 Las Olas Blvd.
Fort Lauderdale, FL 33301
Fax: 954-208-7774

Comments: _____

