

# Application for Employment

**Answer all questions. Type or print in blue or black ink.**

Position applying for: \_\_\_\_\_

Date of application: \_\_\_\_\_

Pay Expected: \_\_\_\_\_

How did you hear about Jalisco?  Newspaper  Internet  Employment Agency  Job Site  Employee  Other \_\_\_\_\_

## Personal Information

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number(optional) \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**Address for past three years:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

**Address for past three years:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_

## General Questions

- Yes No** **Yes No**
- Do you have a legal right to be employed in the U.S.? (If "yes", proof will be required upon employment) Are you of Legal Age to work?
- Are you currently employed by Jalisco International, Inc? Position: \_\_\_\_\_
- Have you worked for Jalisco International before? Location: \_\_\_\_\_ Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
- Are you currently employed somewhere else? If "no", how long since your last employment? \_\_\_\_\_
- Is there any reason you may be unable to perform the job for which you have applied (as described in the job description)? If "yes", please explain:  
\_\_\_\_\_

## Education/Certifications

**Circle highest grade completed:** 1 2 3 4 5 6 7 8 **High School:** 1 2 3 4 **College:** 1 2 3 4 5 6 \_\_\_\_\_

Last school attended: \_\_\_\_\_ Location (City & State): \_\_\_\_\_

List any other training or skill, which you feel are important: \_\_\_\_\_

Certification Description (Type)	Issuer	Issued Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Previous Employment

**Applicants must provide the following information on all employers during the preceding 5 years (drivers list 7 years). Start with most recent.**

1. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
3. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
4. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
5. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
6. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
7. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_
8. Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

# Application for Employment

## Driving Eligibility Commercial or Non-Commercial Vehicles

### Experience and Qualifications

**Driver Licenses:**  
State

	License Number	Type	Expiration Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### Accidents and Violations

List all traffic crashes for the last three (3) years, start with the most recent. Attach additional sheets if necessary.

Date	Nature (head-on, rear-end, etc.)	Fatalities		Injuries	
		Yes	No	Yes	No
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List all traffic convictions and forfeitures for the past three (3) years (other than parking violations). Attach additional sheets if necessary.

Date	Location	Charge	Penalty
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

- Yes No**  
  Have you ever been denied a license, permit or privilege to operate a motor vehicle?  
  Has any license, permit or privilege ever been suspended or revoked?  
*If the answer to either of the previous questions is "yes" attach a sheet giving the details.*

### Driving/Operating Experience

Type of Equipment (van, tank, flat, loader, crane, etc.)	State	Dates		Approximate Miles/Hours (Total)
		To	From	
Straight Truck _____	_____	_____	_____	_____
Tractor & Semi Trailer _____	_____	_____	_____	_____
Tractor - Two Trailers _____	_____	_____	_____	_____
Heavy Equipment _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List states operated in last five years: \_\_\_\_\_  
 Show special courses or training that will help you in this position (if other than listed on previous page): \_\_\_\_\_  
 \_\_\_\_\_  
 Which safety awards do you hold and from whom? \_\_\_\_\_  
 \_\_\_\_\_

### Applicant Read and Sign

This certifies that this application and all attachments were completed by me and that all entries on them and information in them are true and complete to the best of my knowledge.  
 I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.  
 I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.  
 I, the undersigned, authorize my previous employers to release information to Jalisco International, Inc. for the purpose of investigation, as required by Sections 391.23.982.405 and 382.413 of the Federal Motor Carrier Safety Regulations.  
 In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand also that I am required to abide by all rules and regulations of Jalisco international, Inc. in the event I am hired.  
**Jalisco International, Inc. is an at will employer. All employment is at the free will of both the employer and the employee.**  
**Jalisco International, Inc. is an Equal Employment Opportunity Employer.**

\_\_\_\_\_  
 Applicant signature Date

\_\_\_\_\_  
 Received by Date Time Via