

APPLICATION FOR EMPLOYMENT OVERLAND CHARTERS

3333 N. HILLSIDE
WICHITA, KS 67219
(316) 652-9463

PERSONAL DATA

DATE _____

FIRST NAME MIDDLE NAME LAST NAME CELL NUMBER HOME NUMBER

PRESENT ADDRESS (STREET, CITY, STATE & ZIP) HOW LONG

LIST PAST TWO (2) ADDRESSES: ADDRESS (STREET, CITY, STATE & ZIP) HOW LONG

ADDRESS (STREET, CITY, STATE & ZIP) HOW LONG

SOCIAL SECURITY NO.

POSITION APPLYING FOR

ARE YOU APPLYING FOR:
REGULAR FULL-TIME WORK..... YES ___ NO ___
REGULAR PART-TIME WORK..... YES ___ NO ___
TEMPORARY WORK, E.G., SUMMER OR HOLIDAY WORK YES ___ NO ___

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK _____

ARE YOU AVAILABLE FOR WORK ON WEEKENDS:..... YES ___ NO ___

HOW REFERRED TO US. (AD, FRIEND, AGENCY) DATE AVAILABLE WAGES EXPECTED

NAME OF FRIENDS OR RELATIVES IN OUR EMPLOYMENT

U.S. CITIZEN? _____ YES _____ NO IF NO, DO YOU HAVE A PERMANENT WORK VISA? _____ YES _____ NO

EDUCATION

NAME OF SCHOOL MAJOR AREA OF STUDY NO. OF YEARS ATTENDED DEGREE

HIGH SCHOOL

COLLEGE

GRADUATE SCHOOL

BUSINESS OR TRADE - (VOCATIONAL)

OTHER

AVERAGE HIGH SCHOOL GRADES? _____ COLLEGE GRADE POINT AVERAGE: _____ BASED ON _____ POSSIBLE POINTS

HONOR AND ACTIVITIES:

HIGH SCHOOL: _____

COLLEGE OR OTHER: _____

How would you rate your listening skills?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

How would you rate your driving skills?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

How would you rate your social skills?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

EMPLOYMENT HISTORY

LIST LAST 10 YEARS OF EMPLOYMENT

(Start with your present or most recent position.)

COMPANY NAME _____ CITY AND STATE _____

SUPERVISOR _____ DATES OF EMPLOYMENT: FROM: _____ TO: _____

SALARY: START _____ END _____ POSITION TITLE: _____

BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY PHONE NUMBER: _____

COMPANY NAME _____ CITY AND STATE _____

SUPERVISOR _____ DATES OF EMPLOYMENT: FROM: _____ TO: _____

SALARY: START _____ END _____ POSITION TITLE: _____

BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY PHONE NUMBER: _____

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COMPANY NAME _____ CITY AND STATE _____

SUPERVISOR _____ DATES OF EMPLOYMENT: FROM: _____ TO: _____

SALARY: START _____ END _____ POSITION TITLE: _____

BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY PHONE NUMBER: _____

OTHER REFERENCES (DO NOT USE PAST EMPLOYERS OR RELATIVES)

NAME	PHONE NO.	ADDRESS, CITY & STATE
1.	_____	_____
2.	_____	_____
3.	_____	_____

GENERAL INFORMATION

	YES	NO	
HAVE YOU BEEN EMPLOYED BY US BEFORE?	_____	_____	DATE _____
HAVE YOU PREVIOUSLY APPLIED FOR WORK WITH US?	_____	_____	DATE _____
DO YOU HAVE ANY ADDITIONAL WORK WHICH WILL CONTINUE IF EMPLOYED BY US?	_____	_____	IF YES, EXPLAIN: _____ _____ _____
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN IN ORDER TO AVOID DISCHARGE?	_____	_____	IF YES, EXPLAIN: _____ _____ _____
MAY WE CONTACT YOUR PREVIOUS EMPLOYERS?	_____	_____	IF NO, EXPLAIN: _____ _____ _____
DO YOU HAVE ANY HISTORY OF BACK TROUBLE?	_____	_____	IF YES, EXPLAIN: _____ _____
HERNIA?	_____	_____	IF YES, EXPLAIN: _____ _____
ANY OTHER CONDITIONS THAT MAY BE AGGREGATED BY CONTINUED LIFTING OR PHYSICALLY DEMANDING WORK?	_____	_____	IF YES, EXPLAIN: _____ _____
ANY CONDITIONS LIMITING OR RESTRICTING YOU FROM OPERATING A VEHICLE?	_____	_____	IF YES, EXPLAIN: _____ _____
HAVE YOU EVER BEEN ARRESTED	_____	_____	IF YES, EXPLAIN _____ _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	_____	_____	IF YES, EXPLAIN: _____ _____
HAVE YOU EVER RECEIVED WORKERS' COMPENSATION?	_____	_____	IF YES, EXPLAIN: _____ _____
ARE YOU CURRENTLY RECEIVING WORKERS' COMPENSATION?	_____	_____	IF YES, EXPLAIN: _____ _____
IF HIRED, WOULD YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK.....	YES _____	NO _____	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION?.....	YES _____	NO _____	

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED

WHOM TO CONTACT IN AN EMERGENCY: _____ RELATIONSHIP: _____

CELL NUMBER _____

HOME NUMBER _____

DRIVING HISTORY

NOTE: DRIVING RECORDS ARE VERIFIED WITH THE STATE. EMPLOYMENT IS PROBATIONARY UNTIL YOUR RECORD CAN BE DETERMINED TO BE ACCEPTABLE TO OUR INSURANCE CARRIER. EMPLOYEES INVOLVED IN A MOTOR VEHICLE ACCIDENT ARE SUBJECT TO SUBSTANCE ABUSE TESTING AND POSSIBLE DISCIPLINARY ACTION INCLUDING TERMINATION.

DRIVER'S LICENSE NO.: _____

STATE: _____ **DATE OF BIRTH:** _____

YOUR LICENSE UNDER SUSPENSION? YES _____ **NO** _____

ACCIDENT RECORD FOR PAST THREE YEARS

MONTH-YEAR	TYPE ACCIDENT	TYPE EQUIPMENT	DEATH OR INJURIES	STATE	NIGHT OR DAY	EMPLOYER

**TRAFFICE CONVICTIONS & FORFEITURES FOR THE PAST THREE YEARS
(OTHER THAN PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

Please answer the following questions regarding the position you are applying for:

1. What does good customer service mean to you in the position you are applying for?

2. Describe what it means to be doing a good job in the position you are applying for.

3. What do you expect out of your job?

4. What traits do you look for in your fellow employees?

5. What is the most physically demanding job that you have ever had?

6. Do you make the decisions when you are available to work?

7. How do you feel about following policies and procedures?

I certify that all statements in this application are to the best of my knowledge true. Willful falsifying of facts will be considered sufficient cause for termination.

Signature of Applicant

Date _____