

Today's Date: _____



APPLICATION FOR EMPLOYMENT

NAME	FIRST			MIDDLE			LAST				
	ARE YOU AT LEAST 18 YEARS OF AGE? YES <input type="checkbox"/>			NO <input type="checkbox"/>			SOCIAL SECURITY NUMBER				
POSITION:	<input type="checkbox"/>	OFFICE STAFF	<input type="checkbox"/>	ESTIMATOR	<input type="checkbox"/>	SUPERINTENDENT	<input type="checkbox"/>	INSTALLER	<input type="checkbox"/>	FABRICATOR	
Home Phone Number:					Cell Phone Number:						
CURRENT ADDRESS	STREET						CITY		STATE / ZIP CODE		HOW LONG?
	STREET						CITY		STATE / ZIP CODE		HOW LONG?
FOR PAST THREE YEARS	STREET						CITY		STATE / ZIP CODE		HOW LONG?
	STREET						CITY		STATE / ZIP CODE		HOW LONG?
	STREET						CITY		STATE / ZIP CODE		HOW LONG?

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

SCHOOL	NO. OF YEARS ATTENDED	NAME OF SCHOOL	CITY	COURSE	DID YOU GRADUATE ?
GRAMMAR					
HIGH					
COLLEGE					
OTHER					

MILITARY SERVICE

MILITARY BRANCH	SERVICE DATES		RANK	SPECIALIZATION
	FROM	TO		

BUSINESS REFERENCES

NAME	PHONE NUMBER	OCCUPATION

EMPLOYMENT RECORD

NOTE: Provide at least last 3 years of employment and/or last 10 years of Commercial Driving Experience.

(Attach Sheet if More Space is needed)

EMPLOYER:			
ADDRESS:			
POSITION HELD:	FROM	TO	SALARY
REASON FOR LEAVING			

EMPLOYER:				
	ADDRESS:			
	POSITION HELD:	FROM	TO	SALARY
	REASON FOR LEAVING			
EMPLOYER:				
	ADDRESS:			
	POSITION HELD:	FROM	TO	SALARY
	REASON FOR LEAVING			
EMPLOYER:				
	ADDRESS:			
	POSITION HELD:	FROM	TO	SALARY
	REASON FOR LEAVING			
EMPLOYER:				
	ADDRESS:			
	POSITION HELD:	FROM	TO	SALARY
	REASON FOR LEAVING			

DRIVING QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	FROM	TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR AT LEAST PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A	Have you ever been denied a license, permit or privilege to operate a motor vehicle?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
B	Has any license, permit or privilege ever been suspended or revoked?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.					

TO BE READ AND SIGNED BY THE APPLICANT

This application was completed by me and the information is complete and accurate to the best of my knowledge. I understand that false statements made in the application may result in immediate termination. Foster Fence maintains an at-will employment policy.	
Date	Applicant Signature

This application will be active for 3 months.

Foster Fence Ltd recruits, hires, trains, promotes and compensates employees without regard to race, color, religion, national origin, age, sex, marital status, disability or sexual orientation. All employment decisions at Foster Fence are made on the basis of merit and job requirements.

**BACKGROUND SCREENING
EMPLOYEE AUTHORIZATION RELEASE**

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, Foster Fence may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court /criminal records, education, credentials, credit and references.
2. These reports may be obtained at any time after receipt of my authorization and, if hired, throughout my employment
3. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by Foster Fence from a consumer reporting agency. Is so, I will be notified and given the name and address of the agency or the source which provided the information.
4. I acknowledge that a facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Foster Fence or its agent, to furnish the information described in Section 1.

Last Name	First Name	MI		
Current Address		City	State:	Zip Code:
Drivers License / ID Number	Issuing State			
For identification purposes only:	Social Security Number	Date of Birth (MM/DD/YYYY)		
Other Names Known by or Former Names:				
List all State and Counties you have resided in during the past seven (7) years:				
<p>The above information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose. I hereby release Foster Fence and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.</p>				

Sign and Date the form	Signature	Date
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