

APPLICATION FOR EMPLOYMENT
On Time Express, 733 W. 22nd Street, Tempe, AZ 85282
Tel: (480) 634-9190 Fax: (480) 634-0834

NOTICE OF DRUG TESTING

The Department of Transportation requires this company to conduct drug testing by urinalysis of all employees performing sensitive safety or security related job functions. Should you be considered for employment by this company, you will be contacted regarding the time and location of the pre-employment drug test. Refusal to take the drug test or failing the drug test will disqualify you from further consideration for the position.

Have you ever failed a drug test or refused to submit to a drug test required by the DOT? **Yes** **No**

NOTICE OF BACKGROUND CHECK

All applicants are subject to background check as part of the application process

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran or Vietnam Era veteran status, handicap, disability, height, or weight.

PERSONAL INFORMATION

NAME	DATE OF APPLICATION
STREET ADDRESS	CITY STATE ZIP
HOME PHONE	BUSINESS PHONE
DRIVER'S LICENSE NO. STATE	SOCIAL SECURITY NO.
	DATE OF BIRTH
ARE YOU A US CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	VISA# EXP DATE

POSITION APPLYING FOR

F/T <input type="checkbox"/> P/T <input type="checkbox"/>	SALARY DESIRED
TITLE	DATE AVAILABLE
REFERRED BY	

EDUCATION

HIGH SCHOOL NAME & ADDRESS	GRADUATION DATE
COLLEGE OR TECHNICAL SCHOOL	DATE ATTENDED DEGREE/MAJOR
GRADUATE SCHOOL	DATE ATTENDED DEGREE/MAJOR

MILITARY EXPERIENCE

BRANCH	RANK	DATE ENTERED	DISCHARGE DATE	TYPE OF DISCHARGE
TECHNICAL SCHOOL			DATE ATTENDED	
SPECIALITY			DEGREE/CERTIFICATE	

REFERENCES

1.
2.
3.

Have you ever been convicted of a crime? **Yes** **No**

Are there any felony charges pending against you? **Yes** **No**

Have you been convicted of driving under the influence (DUI) or driving while intoxicated (DWI) within the last 7 years?
Yes **No**

Has your driver's license been revoked in the last 7 years? **Yes** **No**

Number of traffic violations within the last 3 years? _____

Can you travel if the job requires it? **Yes** **No**

PRIOR EMPLOYMENT HISTORY

(Give a complete record of all employment for the past 5 years)

FROM	TO	POSITION	SUPERVISOR
COMPANY NAME		SALARY	PHONE
DUTIES		REASON FOR LEAVING	
FROM	TO	POSITION	SUPERVISOR
COMPANY NAME		SALARY	PHONE
DUTIES		REASON FOR LEAVING	
FROM	TO	POSITION	SUPERVISOR
COMPANY NAME		SALARY	PHONE
DUTIES		REASON FOR LEAVING	
FROM	TO	POSITION	SUPERVISOR
COMPANY NAME		SALARY	PHONE
DUTIES		REASON FOR LEAVING	
FROM	TO	POSITION	SUPERVISOR
COMPANY NAME		SALARY	PHONE
DUTIES		REASON FOR LEAVING	
FROM	TO	POSITION	SUPERVISOR
COMPANY NAME		SALARY	PHONE
DUTIES		REASON FOR LEAVING	

APPLICANT'S STATEMENT

I certify that information given in this application is true and complete. I understand that the company may investigate my work and personal history and verify all data given this application and I authorize the company to do the same. This inquiry may include information as to my character, general reputation and personal characteristics and consent to the conduct of this inquiry and to the consideration of any statements or references of former employers that are given in response to the inquiry. I authorize individuals, schools and employer's names, except as specifically limited on this application or provide information requested about me, and I release them from liability from damages for providing this information. I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge. I also understand and acknowledge that, if hired, my employment and compensation will be at the will of the company and can be terminated, with or without cause and with or without notice, any time at the option of either the company, or myself. I further understand and agree that no manager, representative, agent or employee of the company, other than its president has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to modification of the above described employment relationship, and that except as established by a controlling collective bargaining agreement, any such agreement representation must be in writing and signed by both myself and the president of the company in order to be effective. I further understand and acknowledge that, as part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for the presence of drugs and/or alcohol) at the employer's discretion and expense. Under federal law, an employer has a legal obligation to accommodate an employee's or job applicant's handicap unless the accommodation would impose an undue hardship on the employer.

Applicant's Signature _____

Date _____