

# APPLICATION FOR EMPLOYMENT

**SUTTON TRANSPORT, INC.**  
**P.O. BOX 378**  
**WESTON, WI 54476-0378**  
**FAX# 715/359-3062**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or non-job related disability.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_ DL# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you Provide Proof of Age? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

List your addresses of residency for the past 3 years:

Current Address \_\_\_\_\_  
Street City

State Zip Code Phone# \_\_\_\_\_ How long? \_\_\_\_\_

Previous \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code

Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State & Zip Code

Street City State & Zip Code How long? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Dates previously worked \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you ? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain

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Commercial driver applicants to drive in interstate commerce must provide the following information on all employment during the preceding three years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional seven years' information on those employers for whom the applicant operated such a vehicle.

List employers in reverse order starting with the most recent.

EMPLOYER			DATES
Company Name			From
Address			To
City	State	Zip Code	Position Held
Contact Person	Phone#		Salary/ Wage
Reason For Leaving			

EMPLOYER			DATES
Company Name			From
Address			To
City	State	Zip Code	Position Held
Contact Person	Phone#		Salary/ Wage
Reason For Leaving			

EMPLOYER			DATES
Company Name			From
Address			To
City	State	Zip Code	Position Held
Contact Person	Phone#		Salary/ Wage
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EMPLOYER			DATES
Company Name			From
Address			To
City	State	Zip Code	Position Held
Contact Person	Phone#		Salary/ Wage
Reason For Leaving			

EMPLOYER			DATES
Company Name			From
Address			To
City	State	Zip Code	Position Held
Contact Person	Phone#		Salary/ Wage
Reason For Leaving			

Accident record for the past three years or more

<b>DATES</b>	<b>NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)</b>	<b>FATALITIES</b>	<b>INJURIES</b>
Last Accident			
Next Previous			
Next Previous			

Traffic violations and forfeitures for the past three years (other than parking violations)

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
 (Name) (City)

**EXPERIENCE AND QUALIFICATIONS – DRIVER  
(DRIVER LICENSES)**

<b>STATE</b>	<b>LICENSE NO.</b>	<b>TYPE</b>	<b>EXPIRATION DATE</b>

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

**DRIVING EXPERIENCE & QUALIFICATIONS**

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIPMENT (VAN, TANK, FLAT,ETC)</b>	<b>DATES</b>	<b>APPOX NO. OF MILES (TOTAL)</b>
STRAIGHT TRUCK			
TRACTOR & SEMI TRAILER			
TRACTOR & TWO TRAILERS			
OTHER			

**DRIVING EXPERIENCE & QUALIFICATIONS – CONT'D**

Show any trucking, transportation or other experience that may help in your work for this company

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List courses and training other than shown elsewhere in this application

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List special equipment or technical materials you can work with (other than those already shown)

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**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Sutton Transport, Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature