

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

We will not use as a basis for employment decisions any information regarding race, color, sex, religion, age, national origin, marital status, public assistance disability, or disability.

NAME IN FULL ( FIRST ) ( MIDDLE INITIAL ) ( LAST )		
PRESENT ADDRESS ( STREET )		CITY STATE ZIP
SOCIAL SECURITY #	BIRTH DATE	TELEPHONE NUMBER
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT TYPE OF VISA?	WHAT PROMPTED THIS APPLICATION? <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Other _____

**EMPLOYMENT INTERESTS**

TYPE OF WORK DESIRED	WILL YOU RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE	DO YOU HAVE A CURRENT DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**EDUCATION**

NAME AND LOCATION	DATES		TYPES OF DEGREE	MAJOR SUBJECT	AVERAGE GRADE			
	FROM	TO			A	B	C	D
HIGH SCHOOL								
COLLEGE(S)								
VOCATIONAL TRADE OR OTHER SCHOOLS								
SCHOLASTIC HONORS, SCHOLARSHIPS, ASSISTANTSHIPS, ETC.								
LICENSES, CERTIFICATES, PUBLICATIONS, INVENTIONS OR PATENTS:								

**HEALTH**

Describe any health condition(s) that would prevent you from doing certain kinds of work or interfere with job performance for the applied position.  
( Employment is contingent to meeting minimal health requirements established for the position. )


**MILITARY**

BRANCH OF SERVICE	DATE ENTERED	DATE DISCHARGED
RANK AT DISCHARGE	MAJOR DUTIES	
SPECIAL RECOGNITION OR ACHIEVEMENTS		

**REFERENCES**

LIST THREE REFERENCES WHO ARE NOT RELATIVES			MAY WE CONTACT REFERENCES: <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME	ADDRESS	PHONE #	OCCUPATION	YEARS KNOWN	RELATIONSHIP

2101 LLC dba Intercontinental Truck Body  
Phone: 800-327-3349  
itbusa.com

## EMPLOYMENT HISTORY ( GIVE LAST OR PRESENT POSITION FIRST )

COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS ( AT STARTING )		DATE	SALARY
EMPLOYED AS ( AT TERMINATION )		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS ( AT STARTING )		DATE	SALARY
EMPLOYED AS ( AT TERMINATION )		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS ( AT STARTING )		DATE	SALARY
EMPLOYED AS ( AT TERMINATION )		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER
COMPANY NAME		ADDRESS	
TYPE OF BUSINESS			
EMPLOYED AS ( AT STARTING )		DATE	SALARY
EMPLOYED AS ( AT TERMINATION )		DATE	SALARY
JOB DUTIES			
REASON FOR LEAVING			
SUPERVISOR			TELEPHONE NUMBER

### IN CASE OF EMERGENCY NOTIFY:

NAME		RELATIONSHIP	TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

### UNDERSTANDING

I understand that if I am employed my employment will be conditional and not for any definite or guaranteed period of time. I realize that my signature will be your authorization to research statements that I have made in this application.

Furthermore, it is understood and agreed that any misrepresentation by me in this application could be cause for cancellation of the applicant and / or for separation from the Company's service if I have been employed.

I further agree to wear and maintain such personal protective equipment as may be provided by the company: for instance, hard hat, safety belt, etc. and return same to the company on termination of my employment.

SIGNATURE	DATE
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