APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We will not use as a 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)	(MIC	DLE INITIAL	-)	(LAST)							
PRESENT ADDRESS	STREE	T)			CITY		STATE		ZIP			
		.,			0111		OTATE		ZIF			
SOCIAL SECURITY #	В	IRTH DATE					TELEPHON	E NUMBER	?			
			T									
U.S. CITIZEN >	WHAT TYPE OF VISA	(spaper	THIS APPLICATIO		iend	Other_				
		EMPL OV	MENT IN	TEDEST	·c							
TYPE OF WORK DESIRE)		RELOCATE?		DATE AV	AILABLE			YOU HAY	/E A CUF	RENTE	ORIVERS
		YES	☐ NO						CENSE?	NO		
	,		EDUCA'	TION								140,000
NAME AND LOCATION			DATE		TYPES OF DE	GREE	MAJOR SI	JBJECT	AVI	ERAGE G	RADE	-
			FROM	ТО					Α	В	С	D
HIGH SCHOOL												
COLLEGE(S)									1			
		No.										
VOCATIONAL TRADE OR	OTHER SCHOOLS											
SCHOLASTIC HONORS, S	CHOLARSHIPS, ASSISTAN	ITSHIPS, ETC.	1	1								1
LICENSES, CERTIFICATE	S, PUBLICATIONS, INVENT	IONS OR PATI	ENTS:									
		- 1 12 80 8 8	HEALTH	1								
Describe any health condition	on(s) that would prevent you	from doing cert			rfere with job perfo	rmance for	the applied p	osition.				
(Employment is contingent	to meeting minimal health red	quirements esta	ablished for the	he position	.)							
	31 7k 33783768638 28											
			MILITAR	RY								
BRANCH OF SERVICE					DATE ENTE	RED		DATE DI	SCHARGE	D	240	
DANK AT DISCHARGE		MAJOR	DUTIES									
RANK AT DISCHARGE		MAJOR	DOTTES									
SPECIAL RECOGNITION	OR ACHIEVEMENTS	1										
			REFERE	ENCES					-			
	S WHO ARE NOT RELATIV	ES					CT REFERE		YES		NO	
NAME	ADDRESS		PHONE #		OCCUPAT	ION	YEAR	5 KNOWN	RE	LATIONS	HIP	
NAME	ADDRESS		PHONE #		OCCUPAT	ION						
			DUO:									
NAME	ADDRESS		PHONE #		OCCUPAT	ION						

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

EMPLOYMENT HIST	ORY (GIVE LAS	T OR PF	RESENT PO	OSITION FIRST)		
COMPANY NAME	ADDRESS					
TYPE OF BUSINESS						
EMPLOYED AS (AT STARTING)			DATE	SALARY		
EMPLOYED AS (AT TERMINATION)			DATE	SALARY		
JOB DUTIES			1			
REASON FOR LEAVING		710 <u>-</u>		100		
SUPERVISOR				TELEPHONE NUMBER		
COMPANY NAME		ADDRESS				
TYPE OF BUSINESS						
EMPLOYED AS (AT STARTING)		DATE	SALARY			
EMPLOYED AS (AT TERMINATION)		DATE	SALARY			
JOB DUTIES			1			
REASON FOR LEAVING						
SUPERVISOR				TELEPHONE NUMBER		
COMPANY NAME		ADDRESS				
TYPE OF BUSINESS		<u> </u>				
EMPLOYED AS (AT STARTING)		Part Parties Co. A.	DATE	SALARY		
EMPLOYED AS (AT TERMINATION)			DATE	SALARY		
JOB DUTIES						
REASON FOR LEAVING						
			And the second s			
SUPERVISOR				TELEPHONE NUMBER		
IN CASE	E OF EMERGENCY NOT	IFY:				
NAME	RELATIONSHIP					
ADDRESS CITY		STATE	ZIP	CODE		
	UNDERSTANDING					
I understand that if I am employed my employment wil signature will be your authorization to research statem	Il be conditional and not for			d period of time. I realize that my		
Furthermore, it is understood and agreed that any mis and / or for separation from the Company's service if I		nis applicat	ion could be cau	se for cancellation of the applicant		
I further agree to wear and maintain such personal probelt, etc. and return same to the company on terminati		y be provide	ed by the compa	any: for instance, hard hat, safety		
SIGNATURE	s, ompositiona		DATE			

EEO INFORMATION					
Body to select employ	k Body is an Equal Opportunity Employer. It is the policy of Intercontinental Truck yees on the basis of qualifications and without regard to race, sex, disability, age, religion, Itional origin, or citizenship.				
	cion requested below will in no way affect you as an applicant. The data will be physically emainder of your job application before the application is considered for possible				
	formation will be to see how well our recruitment efforts are reaching all segments of the d appreciate you providing the information. However, completing the form is strictly				
This page should be re	eturned even if not completed.				
*********	*************************				
Gender	Male Female .				
Ethnic Group	White (Caucasian, Non-Hispanic)				
	Black (African-American, Non-Hispanic)				
	Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)				
	Asian (Including Pacific Islander)				
	American Indian (Including Alaskan Native)				
Disability *	Yes No				
	to this question is strictly voluntary in conformity with the provisions of the 373 regarding self-reporting.				
Employee Name	Date				
Signature					