

CROSBY

TRUCKING SERVICE INC.

APPLICATION FOR EMPLOYMENT - NON-DRIVER

P.O. BOX 28 / 270 Keezletown Rd
Mount Sidney, VA 24467

Phone: (540) 234-9268

HR Fax: (540) 453-0026

PERSONAL INFORMATION

APPLICANT'S NAME: _____ PHONE: () -

FIRST MIDDLE LAST

POSITION(S) APPLIED FOR:

DATE OF BIRTH :

SOCIAL SECURITY #:

MONTH DAY YEAR THE US DEPT OF TRANSPORTATION REQUIRES DRIVERS TO STATE DOB. 391.21(b)(2)

EMAIL ADDRESS:

CURRENT ADDRESS:

STREET CITY STATE ZIP

*** IF YOUR CURRENT ADDRESS IS LESS THAN 3 YEARS, PLEASE PROVIDE PREVIOUS ADDRESS

PREVIOUS ADDRESS:

STREET CITY STATE ZIP

EMERGENCY CONTACT:

PHONE:

RELATIONSHIP:

HOW DID YOU HEAR ABOUT US?:

RATE OF PAY EXPECTED:

DATE AVAILABLE TO START:

DO YOU HAVE LEGAL RIGHT TO WORK IN THE UNITED STATES ?:

HAVE YOU WORKED FOR US BEFORE?:

FROM:

TO:

MM/YYYY

MM/YYYY

REASON FOR LEAVING?:

LAST POSITION HELD W/ CROSBY:

ARE YOU CURRENTLY EMPLOYED?:

IF NO, PLEASE LIST DATE OF LAST EMPLOYMENT:

EDUCATION

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

SCHOOL NAME

LOCATION

YEARS ATTENDED

DEGREE

MAJOR

REFERENCES

PLEASE LIST 2 PERSONAL AND 2 BUSINESS REFERENCES

NAME:	RELATIONSHIP
ADDRESS:	
PHONE: () -	EMAIL:

NAME:	RELATIONSHIP
ADDRESS:	
PHONE: () -	EMAIL:

NAME:	RELATIONSHIP
ADDRESS:	
PHONE: () -	EMAIL:

NAME:	RELATIONSHIP
ADDRESS:	
PHONE: () -	EMAIL:

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 HEREBY AUTHORIZE CROSBY TRUCKING SERVICE, INC. TO MAKE SUCH INVESTIGATIONS AND INQUIRIES INTO MY PERSONAL, FINANCIAL, AND MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, PAST EMPLOYER SCHOOLS, AND/OR PERSONS QUESTIONED FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. IN THE EVENT OF MY EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY BEING DISCHARGED UPON DISCOVERY. I UNDERSTAND THAT AS A CONDITION OF MY APPLICATION FOR EMPLOYMENT, I WILL BE REQUIRED TO UNDERGO A DRUG SCREEN, AND SHOULD THAT TEST PROVE POSITIVE, I WILL NOT BE CONSIDERED FOR EMPLOYMENT BY CROSBY TRUCKING SERVICE INC.

I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL THE RULES AND REGULATIONS OF THIS COMPANY,

PRINT FULL NAME: _____ DATE: _____

SIGNATURE: _____

EMPLOYER REPRESENTATIVE: _____

TITLE: _____

CRIMINAL BACKGROUND CHECK CONSENT FORM

CROSBY TRUCKING SERVICE, INC. ("THE COMPANY") MAY OBTAIN INFORMATION ABOUT YOU FROM A CONSUMER REPORTING AGENCY FOR EMPLOYMENT PURPOSES. THUS, YOU MAY BE THE SUBJECT OF A "CONSUMER REPORT." THE CONSUMER REPORT MAY CONTAIN INFORMATION REGARDING YOUR CRIMINAL HISTORY AND/OR MOTOR VEHICLE RECORDS ("DRIVING RECORDS"), AND MAY ALSO CONTAIN OTHER BACKGROUND INFORMATION ABOUT YOU. AS SUCH, THE CONSUMER REPORT MAY BEAR UPON YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND/OR MODE OF LIVING.

I HEREBY AUTHORIZE THE OBTAINING OF "CONSUMER REPORTS" ABOUT ME BY *CROSBY TRUCKING SERVICE, INC.* ("COMPANY") AT ANY TIME DURING THE HIRING PROCESS AND THROUGHOUT MY EMPLOYMENT, IF APPLICABLE. TO THIS END, I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE OR FEDERAL AGENCY, INSTITUTION, SCHOOL OR UNIVERSITY (PUBLIC OR PRIVATE), INFORMATION SERVICE BUREAU, EMPLOYER, OR INSURANCE COMPANY TO FURNISH ANY AND ALL BACKGROUND INFORMATION REQUESTED BY *CROSBY TRUCKING SERVICE, INC., 2700 KEEZLETOWN RD, P.O. BOX 28, MOUNT SIDNEY, VA 24467.*

I ALSO AM AWARE THAT RECORDS OF ARRESTS ON PENDING CHARGES AND/OR CONVICTIONS ARE NOT AN ANSOLUTE BAR TO EMPLOYMENT. SUCH INFORMATION WILL BE USED TO DETERMINE WHETHER THE RESULTS OF THE BACKGROUND CHECK REASONABLY BEAR ON MY TRUSTWORTHYNESS OR MY ABILITY TO PERFORM THE DUTIES OF MY POSITION IN A MATTER WHICH IS SAFE FOR *CROSBY TRUCKING SERVICES, INC.* EMPLOYEES, DRIVERS, AND OTHER COMMUNITY MEMBERS.

PRINT NAME:

DATE:

SIGNATURE :

DRUG TEST CONSENT FORM

CONSENT FOR PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT.

I HEREBY CONSENT TO ALLOW A LABORATORY TESTING SERVICE TO TAKE A SPECIMEN OF MY URINE OR BLOOD AND SUBMIT IT FOR A PRE-EMPLOYMENT, RANDOM, OR REASONABLE SUSPICION DRUG TEST SCREEN.

I FURTHER CONSENT TO ALLOW THE LABORATORY TESTING SERVICE TO MAKE THE RESULTS OF SUCH SCREEN AVAILABLE TO THE PROSPECTIVE OR CURRENT EMPLOYER, *CROSBY TRUCKING SERVICE, INC.*

IN CONSIDERATION FOR SUCH SERVICES BEING RENDERED ON MY BEHALF, I HEREBY RELEASE THE LABORATORY TESTING SERVICE, ITS OFFICERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS WHICH I MIGHT OTHERWISE HAVE DUE TO SUCH RESULTS BEING MADE SO AVAILABLE. I HEREBY CONSENT NOT TO FILE ANY ACTION AT LAW OR IN EQUITY AGAINST THE LABORATORY TESTING SERVICE, THEIR RESPECTIVE OFFICERS, AGENTS OR EMPLOYEES IN CONNECTION WITH THE RESULTS OF SUCH SCREEN BEING MADE SO AVAILABLE, AND I HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE LABORATORY TESTING SERVICE, THEIR RESPECTIVE OFFICES, AGENTS, AND EMPLOYEESE FROM ALL DAMAGES, EXPENSES, REASONABLE ATTORNEY'S FEES, AND COSTS OF COURT WHICH THEY OR ANY OF THEM MAY SUFFER TO INCUR, JOINTLY OR SEVERALLY, DUE TO THE RESULTS OF SUCH SCREEN BEING MADE SO AVAILABLE.

PRINT NAME:

DATE:

SIGNATURE :

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS

YOU ARE HEREBY AUTHORIZED TO GIVE *CROSBY TRUCKING SERVICE, INC.* ANY AND ALL INFORMATION CONCERNING MY EMPLOYMENT INCLUDING ORAL/WRITTEN ASSESSMENTS OF MY JOB PERFORMANCE, CHARACTER, CONDUCT AND CONTROLLED SUBSTANCE TEST RESULTS. I HEREBY RELEASE YOU FROM ANY AND ALL LIABILITY WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION.



APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPLICANT'S NAME (print): _____ **SSN:** _____

APPLICANT: STOP HERE
This section to be completed by employer.

ATTENTION: Human Resources Department **COMPANY:** _____
PHONE: _____ **FAX:** _____ **DATE:** _____

EMPLOYEE NAME: _____ **CURRENTLY EMPLOYED?** YES NO
CIRCLE ONE

EMPLOYMENT DATES: FROM: _____ TO: _____
MM / YYYY MM / YYYY

APPLICANTS'S MOST RECENT JOB TITLE: _____

APPLICANT'S REASON FOR LEAVING: _____ Discharged _____ Resigned
_____ Laid-Off _____ Other (explain) _____

IS APPLICANT ELIGIBLE FOR REHIRE?: (CIRCLE ONE) YES / NO
IF "NO", PLEASE EXPLAIN: _____

MOST RECENT SALARY / WAGES: \$ _____
(CHECK ONE) HOURLY WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY YEARLY OTHER

AVERAGE # REGULAR HOURS / WEEK: _____

DID THE APPLICANT POSE EITHER REPEATED AND/OR SEVERE DISCIPLINARY PROBLEMS?:
(CIRCLE ONE) YES / NO
IF "YES", PLEASE EXPLAIN: _____

I ATTEST, UNDER PENALTY OF PERJURY, THAT I HAVE ASSISTED IN THE COMPLETION OF THIS FORM AND THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION IS TRUE AND ACCURATE.

SIGNATURE: _____ **DATE:** _____
PRINT NAME: _____ **PHONE #:** _____
JOB TITLE: _____

INFORMATION IS BEING REQUESTED BY: **CROSBY TRUCKING SERVICE, INC**
NAME: _____ **P.O. BOX 28, MOUNT SIDNEY, VA 24467**
JOB TITLE: HR ADMINISTRATOR **(P) 540-234-9268 ; (F) 540-456-0026**