UTILITY TRUCK EQUIPMENT CO.

EMPLOYMENT APPLICATION

(An Equal Opportunity Employer)

APPLICATION MUST BE COMPLETED IN FULL **APPLICATIONS HELD FOR 60 DAYS.**

PERSONAL INFORMATION: Date: _____

Name: _____ Social Security # _____
Last First Middle

Address: _____
Street City State Zip

Phone Number where you can be reached: _____

Position Desired _____

Date/Hours available: _____ Full time ____ Part time ____ Temp. ___

Were you previously employed by this company? Yes ___ No ___

If yes, when? _____

Where? _____ Position? _____

Supervisor/Manager: _____

How were you referred here? Ad (please name publication) _____

Employee Referral? Name: _____

Are you at least 18 years old? Yes ___ No ___ Work Permit # _____
(if under 18)

Have you ever been convicted of a crime? Yes ___ No ___ (A "Yes" answer will not disqualify you.)

If yes, please explain conviction: when, where, and disposition- _____

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

Complete the following only if the position requires a driver's license:

Driver's License # _____ Type: _____ # of Points: __

Has your driver's license ever been revoked or suspended? Yes __ No __

If yes, for what reason? _____

List any moving violations during the last three (3) years:

_____

EMPLOYMENT HISTORY

(BEGIN WITH MOST RECENT POSITION)

EMPLOYER	MAY WE CONTACT	DATES EMPLOYED	WAGE RATE
	YES	FROM	START $
ADDRESS	NO	TO	END $
	POSITION		
CITY, STATE, ZIP CODE	SUPERVISOR		
	RESPONSIBILITIES		
TELEPHONE ( )	REASON FOR LEAVING		

EMPLOYER	MAY WE CONTACT	DATES EMPLOYED	WAGE RATE
	YES	FROM	START $
ADDRESS	NO	TO	END $
	POSITION		
CITY, STATE, ZIP CODE	SUPERVISOR		
	RESPONSIBILITIES		
TELEPHONE ( )	REASON FOR LEAVING		

EMPLOYER	MAY WE CONTACT	DATES EMPLOYED	WAGE RATE
	YES	FROM	START $
ADDRESS	NO	TO	END $
	POSITION		
CITY, STATE, ZIP CODE	SUPERVISOR		
	RESPONSIBILITIES		
TELEPHONE ( )	REASON FOR LEAVING		

EMPLOYER	MAY WE CONTACT	DATES EMPLOYED	WAGE RATE
	YES	FROM	START $
ADDRESS	NO	TO	END $
	POSITION		
CITY, STATE, ZIP CODE	SUPERVISOR		
	RESPONSIBILITIES		
TELEPHONE ( )	REASON FOR LEAVING		

EDUCATION

NAME/LOCATION	MAJOR/COURSE OF STUDY	YEAR COMPLETED
HIGH SCHOOL		
COLLEGE		
BUSINESS/TRADE SCHOOL		

Activities, honors, offices held, organization affiliations that are job related:

Skills in areas such as welding, hydraulics, electrical/electronics, etc:

MILITARY HISTORY

Branch/Duty/Application Training	Military Specialty	Highest Rank	Special Honors/Service

ADDITIONAL INFORMATION

Number of days absent/tardy from work during the last twelve (12) months

Have you ever been terminated or suspended from any previous employement? If so, describe the circumstances:

What professional job related certifications, licenses and/or memberships do you hold?

With what computer hardware and software programs and other office equipment do you have experiences?

REFERENCES

NAME/TELEPHONE	ADDRESS	OCCUPATION	YEARS KNOWN

CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully, as they constitute conditions for possible employment.

1. I certify that all of the information furnished on this application is true, complete, and correct. I understand and agree that any falsification, misrepresentation, or omission of fact, either on this application or during the pre-hire process, will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company, if employed.
2. I authorize the references and previous employers listed in this application to give you any and all information concerning my previous employment and any pertinent information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from any liability for any damages that may result from furnishing same to you.
3. I hereby waive written notice from my employer and from any of my former employers regarding the disclosure of disciplinary reports, letters of reprimand, or other notices of disciplinary action contained in my personnel records. This waiver is made pursuant to Section 6 of Act. N0. 397 of the Public Acts of 1978.
4. If hired, I understand I may be required to take a pre-employment physical examination which will include a test for non-prescription narcotics and which may be repeated during my employment at the request of my employer. I will also have my criminal history and credit history checked. Should any of the above prove to be negative, I understand I may be discharged.
5. This company is an Equal Opportunity Employer. It is our policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability or handicap.
6. In consideration of my employment, I agree to conform to the rules and regulations of the company, and I agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either by the company or myself. I understand that no officer or representative of the company other than the president of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing.

Signature of Applicant _____ Date _____