

TS MAX



Employee Application

Name: _____

Date of Birth: _____ SSN: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Cell: _____

Drivers License#: _____

Do not have one _____

Do you have a CDL?: _____

Have you ever been convicted of a felony? _____ yes _____ no

If so, for what? _____

Previous Employer? _____

Dates employed: _____ to _____

Reason for leaving: _____

Wage when started: _____ Wage when you left: _____

References other than family members:

1. _____

Phone : _____ City & State: _____

2. _____

Phone: _____ City & State: _____

3. _____

Phone: _____ City & State: _____

Past Work Experience:

Other information that you think we should know about you?

All new employees are required to pass a substance abuse screening. Are you able to pass such a test? _____