



APPLICATION FOR EMPLOYMENT

We Are An Equal Opportunity Employer

Position Desired: _____

- Full Time
 Part Time

Today's Date: ____/____/____

Name _____
(Please Print) Last First Middle

Social Security Number _____ - -

Current Address _____
Street & No. City State Zip

How long have you lived there? _____
Years/ Months

Previous Address _____
Street & No. City State Zip

How long did you live there? _____
Years/ Months

Telephone Number _____ Are you 18 years of age or older? Yes No

Have you worked for Sellers Equipment, Inc. before? Yes No

Do you have friends or relatives working here? Yes No If yes, Name _____
Relationship _____

APPLICANT'S STATEMENT

I understand that if Sellers Equipment, Inc., "the *Company*", hires me, my employment will be for no definite period, regardless of the period of my wages. I also understand that I have the right to terminate my employment at any time with or without notice to the *Company*, and the *Company* has the same right to terminate my employment at any time with or without notice to me. No one other than the President of the *Company* has authority to modify this relationship or make any agreement to the contrary. Any such modification of agreement must be in writing and signed by the *Company's* President.

I understand that the *Company* reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by applicable law. I authorize the *Company* or the *Company's* insurance carrier to investigate my driving record, my criminal record, and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I grant the *Company* authority to contact my previous employers and I authorize those employers to disclose to the *Company* all records and other information pertinent to my employment with them. I also authorize the *Company* to provide truthful information concerning my employment with the *Company* to my future prospective employers and I agree to hold the *Company* harmless for providing such information.

I certify that all of the information that I provide on the application and in any interviews will be true and accurate. I understand that if I am employed by the *Company* and any such information is later found to be false or misleading in any respect, I may be immediately dismissed.

I HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Applicant's Signature



How would you get to and from work? _____

Have you ever pled guilty or "no contest" or been convicted of a crime involving theft or dishonesty? Yes No

If Yes, give date and details for each offense: _____

Note: Answering "Yes" to the above question is not an automatic bar to employment. Only crimes that are substantially related to the position you are seeking will be considered, and even then it doesn't necessarily mean you won't be employed—so be truthful and be complete.

RECORD OF PREVIOUS EMPLOYMENT

List below your last four employers, starting with the last one first.

Employer	Duration	Pay/Salary	Position/Supervisor	Reason For Leaving
_____ Company _____ Address _____ City, State, Zip _____ Telephone	_____ From (Mo./Yr.) _____ To (Mo./Yr.)	\$ _____ Start \$ _____ Final Per: (circle one) Hour Week Month Year	_____ Your Title or Position _____ Name and Title of Your Last Supervisor	_____ _____ _____ _____

_____ Company _____ Address _____ City, State, Zip _____ Telephone	_____ From (Mo./Yr.) _____ To (Mo./Yr.)	\$ _____ Start \$ _____ Final Per: (circle one) Hour Week Month Year	_____ Your Title or Position _____ Name and Title of Your Last Supervisor	_____ _____ _____ _____
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Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

Explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have that you feel is relevant to the position for which you are applying: _____

EDUCATION

School Name & Location	Years Completed	Diploma-Degree	Course of Study or Major	Specialized Training, Skills, Extracurricular Activities.
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4 5			
Graduate/Professional	1 2 3 4			
Trade/Correspondence				
Other				

PERSONAL REFERENCES

List persons who know you well (other than relatives and previous employers):

Name	Occupation	Address	Telephone Number	Number of Years Known



DRIVING INFORMATION

Do you have a current driver's license? Yes No State _____ License No: _____ Expiration: _____

Has your driver's license ever been suspended or revoked? Yes No If Yes, please explain circumstances: _____

Have you ever been cited in any state for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances: _____

List all moving traffic violations for the last five years:

Offense	Date	Location	Offense	Date	Location

Do you have personal automobile liability insurance? Yes No If Yes, Insurance Company _____

Has your personal automobile liability insurance ever been canceled? Yes No If Yes, please explain: _____

Although the Company may keep this application on file indefinitely, this applicaiton will be considered current and active only for ninety (90) days. If you wish to be considered for employment after that time, you must re-apply.

I certify that all of the information that I have provided on this application is true and accurate.

Date

Signature of Applicant