



Gooding, Idaho

Application for Employment



P.O. Box 116
 Gooding, Idaho 83330
 Phone: (208) 934-4451
 Fax: (208) 934-4454
 www.ddtransportation.com

Date Received: _____

Application for Employment - General

READ ALL INFORMATION CAREFULLY BEFORE SUBMITTING THIS APPLICATION. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect of certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, martial status or physical or mental handicap or disability. NOTE: Read and complete all portions of this application. Answer all questions in ink with your own, legible handwriting (PLEASE PRINT). Applications that are incomplete, filled out improperly, or filled out in pencil may be rejected. D&D Transportation Services is a drug-free workplace.

Personal Data

Position(s) Applied For _____

Name _____
FIRST MIDDLE LAST

Phone _____ Date of Birth _____
HOME MESSAGE

Are you a U.S. Citizen? Yes No

May we contact your current employer? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Specialized Skills

Check skills/equipment operated

<input type="checkbox"/> PC – Windows	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Qualcomm
<input type="checkbox"/> Calculator	<input type="checkbox"/> McLeod	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Typewriter (Rate speed) _____1 – 10, 10 BEING FASTEST	<input type="checkbox"/> Fax	<input type="checkbox"/> Microsoft Access
	<input type="checkbox"/> Outlook	

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment History

EMPLOYER	Employment within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING	
FOR OFFICE USE ONLY			
DATE: Fax _____ Mail _____ Phone _____ Email _____ Date Received _____			

Period of unemployment (if any) from ____ / ____ / ____ to ____ / ____ / ____ . Explain _____

EMPLOYER	Employment within the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE
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DATE: Fax _____ Mail _____ Phone _____ Email _____ Date Received _____			

Period of unemployment (if any) from ____ / ____ / ____ to ____ / ____ / ____ . Explain _____

Application Acknowledgement

THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND ENTIRE APPLICATION. I UNDERSTAND AND AGREE TO EACH AND ALL OF THESE STATEMENTS.

APPLICANT SIGNATURE

PRINT NAME

DATE