

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
Please list three professional references.	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Which of these jobs did you like best? Why?			

SKILLS	
Do you have a CDL?	
If Yes, please confirm class and expiration date:	
US Military or Naval Service?	
If Yes, please confirm rank:	
Present Membership in National Guard or Reserves?	

DISCLAIMER AND SIGNATURE		
Is there any reason that you could not perform the essential functions of the job for which you are being considered with or without reasonable accommodation? YES or NO		
In case of emergency, please notify:		
Name	Relationship	Contact Number
I certify that my answers are true and complete to the best of my knowledge.		
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.		
I agree to complete pre-employment drug screening. I authorize Marshall Stone to withhold the cost of drug screening from my compensation in the event that I choose to terminate my employment for any reason prior to 90 days from the first day of my employment.		
Signature		Date

8605 Triad Drive, Colfax, NC 27235
 336.996.4918 (Office) 336.996.4997 (Fax)
 19730 Virgil H Goode Highway, Rocky Mount, VA 24151
 540.483.2737 (Office) 540.483.5769 (Fax)

Section B (only to be completed if applying for CDL)

Driver Experience and Qualifications				
Driver Licenses	State	License #	Type	Expiration Date

Driver Experience			
Class of Equipment	Type (Mixer, Flat, Tank, etc.)	Dates (Start and End)	Approximate # of Total Miles
Straight Truck			
Tractor/Semi Trailer			
Tractor/Two Trailers			
Other:			

Accident Record for Past 3 Years *Attach separate sheet if needed					
	Date	Nature of Accident	# of Vehicles involved	Fatalities	Injuries
Most Recent					
Next Previous					
Next Previous					

Traffic Convictions and Forfeitures for past 3 years (excludes parking violations)			
Location	Date	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes___No___
 Has any license, permit, or privilege ever been suspended or revoked? Yes___No___

If Yes to above questions, please attach a statement with details