



Central Illinois Truck Service, Inc.

1713 E. Bowman Drive • Greenville, IL 62246
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APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law

P E R S O N A L	Last Name _____ First _____ Middle _____			Date _____
	Street Address _____			Home Telephone _____
	City, State, Zip _____			() Business Telephone _____
	Have you ever applied for employment with us <input type="radio"/> Yes <input type="radio"/> No If yes : Month and Year _____ Location _____			() Social Security # _____
	Position Desired _____			Pay Expected _____
	Apart from absence for religious observance, are you available for full-time work? <input type="radio"/> Yes <input type="radio"/> No If not, what hours can you work? _____			Will you work over time if asked? <input type="radio"/> Yes <input type="radio"/> No
	Are you legally eligible for employment in the United States? _____			When will you be available to begin work? _____
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="radio"/> Yes <input type="radio"/> No If "yes" describe in full. _____			Have your ever been bonded? <input type="radio"/> Yes <input type="radio"/> No	
Other special training or skills (languages, machine operations, etc.) _____			If "yes" with what employers? _____	

E D U C A T I O N	SCHOOL	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate? Yes or No	Degree or Diploma
	Certificates/Degree					
	Certificates/Degree					
	College					
	Business/Trade/Technical					
	High School					
	Elementary					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment /record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed – (Start month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work _____	Reason for leaving
2	Company Name	Telephone ()
	Address	Employed – (Start month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work _____	Reason for leaving
3	Company Name	Telephone ()
	Address	Employed – (Start month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work _____	Reason for leaving
4	Company Name	Telephone ()
	Address	Employed – (Start month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and describe your work _____	Reason for leaving

DO NOT CONTACT	
We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer Numbers _____ Reason _____

MILITARY	Did you service in the U.S. Armed Forces <input type="radio"/> Yes <input type="radio"/> No	If "Yes" in what Branch?
	Describe any training received to the position for which you are applying. _____	

Experience/Qualifications – Maintenance/Mechanical

List types of maintenance/mechanical equipment experience/training and years of each

<u>Equipment</u>	<u># of Yrs</u>	<u>Equipment</u>	<u># of Yrs</u>
Clutch Replace	_____	Welder	_____
Differential/Repair/Replace	_____	Oxyacetylene Torch	_____
Transmission/Repair/Replace	_____	Paint Spray Gun	_____
Frame/Axle Straightening Equipment	_____	Wheel/Tire Bal. Machine	_____
Electrical/Ignition Repair	_____	Air Brakes	_____
Diesel Injection Equipment	_____	Hydraulic Brakes	_____
	_____	Alignment Machine	_____
	_____	Engine Rebuilding	_____
	_____		_____

ADDITIONAL INFORMATION
Membership in professional and civic organizations, special accomplishments, awards, etc.

APPLICANT'S SIGNATURE
<p>Please read and understand this statement before signing your application.</p> <p>The Information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.</p> <p>I authorize the employer to contact and obtain information about me form previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in the application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives , for seeking, and using information to evaluate my employment request and all other persons corporations or organizations who provide information for this purpose</p> <p>This application will expire in 30 Days. After that date, unless otherwise notified, I understand that the status as an applicant will end. I may re-apply for employment in the further by completing a new application.</p> <p>This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, without cause and without prior notice, unless required by law. Il understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the forgoing and then only in writing signed by such officer.</p> <p>I fully understand and accept all terms and conditions in the above statement.</p> <p>Date: _____ Signature: _____</p>