

MARK LINAWEAVER HAULING, LLC.



Employment Application: We are a proud (EEO) Equal Opportunity Employer. All recruiting and hiring practices are based solely on job-related criteria and we do not discriminate based on any federal, state, or locally protected class.

Notice: Substance and Alcohol Testing is required of applicant driver.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applying for: _____

Referred By: _____

Are you legally authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Addresses for the past 3 years if they are not your current one:

_____ From: _____ To: _____
_____ From: _____ To: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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 NO

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 NO

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 NO

Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Disclaimer and Signature

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. Further, I understand and agree that my employment with Mark Linaweaver Hauling, LLC is "At-Will", which means that employment can be terminated with or without cause, and with or without notice, at any time, at the option of Mark Linaweaver Hauling, LLC or myself.

I authorize Mark Linaweaver Hauling, LLC to make such investigations and inquiries of my personal, employment, financial, medical history, and any other related matters that may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, health care providers and other persons from all liability in responding to inquires and releasing information in connection with my application. I also understand that I am required to abide by all rules and regulations of the company.

Signature: _____ Date: _____