



Ramler Trucking, Inc.
Ramler Truck & Trailer Repair, Inc

Application for Shop and Office Personal

Applicant: Read and sign before submitting this application.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

I understand that the information in this application will be used and that prior employers will be contacted for the purpose of investigating is required by 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant: _____ Date Signed: _____

Which position are you applying for?

___ OFFICE ___ MECHANIC ___ SHOP HELP ___ PARTS DEPARTMENT ___ OTHER

Name: _____ Cell Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Driver's ID #: _____ State: _____ Class: _____

How long have you been at this address? _____

Social Security #: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Emergency Contact Name & Number: _____ Relationship to you: _____

Do you have a CDL- Class A License? YES ___ NO ___ If so, Date of DOT Physical Expiration: ____ / ____ / ____

Has your license ever been suspended or revoked? ___ If yes, please explain: _____

Have you ever been dismissed or was asked to resign from any position in the past? If yes, please explain: _____

Is there any reason you might not be able to perform the functions of this job for which you have applied for including lifting 20 pounds on daily basis? If yes, please explain: _____

EDUCATION BACKGROUND

Circle the Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: Name: _____ Address: _____

Please list any additional information you feel might help us in choosing you as an employee at Ramler Trucking or Ramler Truck & Trailer Repair. Why you over any other applicants?

EMPLOYMENT RECORD FOR THE PAST THREE YEARS

If more space is needed, please use additional paper.

Last or Present Employer Name: _____
Address of Company: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Name of Supervisor: _____
Position Held: _____ Employed From: _____ TO _____ Salary: _____
May we contact this employer for references? YES _____ NO _____
Reason for Leaving: _____

Second Last Employer Name: _____
Address of Company: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Name of Supervisor: _____
Position Held: _____ Employed From: _____ TO _____ Salary: _____
May we contact this employer for references? YES _____ NO _____
Reason for Leaving: _____

Third Last Employer Name: _____
Address of Company: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Name of Supervisor: _____
Position Held: _____ Employed From: _____ TO _____ Salary: _____
May we contact this employer for references? YES _____ NO _____
Reason for Leaving: _____

REFERENCES

List three people for references, other than family members, who have knowledge of your work habits.

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____