



## GENERAL EMPLOYMENT APPLICATION

It is the policy of Equipment Transport Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status. We are an Affirmative Action Equal Opportunity Employer.

### 1. Applicant Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Years at this Address: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

### 2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_



### 3. Job Position

Position Applying For: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_

4. Who referred you? \_\_\_\_\_

Do you have any relatives or friends that work here? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

5. Have you applied to Equipment Transport previously? \_\_\_\_\_

If Yes, When: \_\_\_\_\_

6. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_

7. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_

What reasonable accommodation, if any, would you request? \_\_\_\_\_

### 8. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience.

Skill \_\_\_\_\_ Years of Experience \_\_\_\_\_

Skill \_\_\_\_\_ Years of Experience \_\_\_\_\_

Skill \_\_\_\_\_ Years of Experience \_\_\_\_\_



## 9. Applicant Employment History

Please list all jobs (including self-employment and military service) which you have held, beginning with your current or most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

- Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_
- Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_
- Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_



## 10. Applicant's Education and Training

College/University Name and Address:

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ If Yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address:

\_\_\_\_\_

Did you graduate? \_\_\_\_\_

Other Training (graduate, tech, vocational): \_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

Military Service: Yes No Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

## 11. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

12. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Equipment Transport Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

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**APPLICANT SIGNATURE**

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**DATE**