

# Employment Application



Application must be completed by the applicant and will be retained on file for one year.

**ANSWER ALL QUESTIONS**

**PLEASE PRINT ALL INFORMATION**

## General Information

Date: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial

Have you ever been known by any other name? If so, what name and when: \_\_\_\_\_

Address: \_\_\_\_\_  
Number / Street City State Zip Code

List previous addresses for past 5 years (attach additional sheet if necessary):

(1) \_\_\_\_\_  
Number / Street City State Zip Code

(2) \_\_\_\_\_  
Number / Street City State Zip Code

(3) \_\_\_\_\_  
Number / Street City State Zip Code

Are you at least 18 years of age? Yes  No

Speak English? Yes  No

Are you authorized to work in the United States? Yes  No

Can You read English? Yes  No

Write English? Yes  No

Have you ever been convicted of a felony or misdemeanor? Yes  No  If yes please explain on a separate sheet of paper

Have you ever worked for this company before? Yes  No  Year \_\_\_\_\_

Are you related to anyone employed or contracted to this company? \_\_\_\_\_

Referred by: \_\_\_\_\_ Where did you learn of Now Courier: \_\_\_\_\_

## Employment Data

Type of work applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available: \_\_\_\_\_ How many days have you been absent from work in the past year? \_\_\_\_\_

Check all times that you are available to work:			
	Day	2nd	3rd
Weekdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>		
Specify hours available: _____			

Will You accept:	
A) Full time employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
B) Part time employment	Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Temporary employment (i.e. seasonal)	Yes <input type="checkbox"/> No <input type="checkbox"/>
D) Will you work overtime?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Education

Circle the highest grade completed:    Grade School 1 2 3 4 5 6 7 8    High School 1 2 3 4    College 1 2 3 4 5 6

Other: \_\_\_\_\_

Last School Attended: \_\_\_\_\_  
Name Address

## Work History

Account for all past work history (Use additional sheets if necessary)

**May we contact your present employer? Yes  No**

Dates	Last Employer		
From: _____	Name: _____		Rate of pay
	Address: _____		
To: _____	Phone: _____		Supervisor: _____
	Reason for leaving: _____		
From: _____	Name: _____		Rate of pay
	Address: _____		
To: _____	Phone: _____		Supervisor: _____
	Reason for leaving: _____		
From: _____	Name: _____		Rate of pay
	Address: _____		
To: _____	Phone: _____		Supervisor: _____
	Reason for leaving: _____		
From: _____	Name: _____		Rate of pay
	Address: _____		
To: _____	Phone: _____		Supervisor: _____
	Reason for leaving: _____		

## Driver Qualification and Experience

To be completed if applying for a driving position

List driver licenses held in past three (3) years (use additional sheets if necessary):

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State: \_\_\_\_\_ License No: \_\_\_\_\_ Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No

If yes, explain: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes  No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of reckless driving, unsafe driving, DUI or DWI? Yes  No  Explain: \_\_\_\_\_

# Please Read Carefully Before Signing

Applicant  
Initial

Now Courier is an Equal Opportunity Employer. No questions on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment because of his or her race, religion, sex, age, national origin, disability, veteran status, or citizenship.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements or omissions on this application shall result in my dismissal."

"I authorize investigation of all statements contained herein and all information concerning my current and previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to Now Courier."

"I agree to submit to pre-employment drug testing, a post-conditional job offer physical examination, and such future examinations as may be required by the Company. I am aware that the Company has a drug and alcohol policy and that consideration for employment and continued employment are based on consent to and compliance with that policy."

"I understand that, if hired, my employment is for not definite period and may be ended at any time and for any reason without any prior notice, either by Now Courier or by me."

## Release Authorization

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my : workers' compensation injuries, driving record, court record, education, credentials, credit and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Now Courier, Inc. or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release any of the above mentioned information or reports.

Please print your full name

First

Middle (Required)

Last

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_