



LuGreg Trucking, LLC Employment Application

(Print Please)

Name: _____ Date: _____
 First MI Last

Street Address: _____ City, State, Zip Code: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)

Yes No

Have you ever been terminated from employment or asked to resign by an employer?

Yes No

If yes, please provide company names and details: _____

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Have you ever been convicted of, or pled guilty to, a criminal offense?

Yes No

If so please explain fully on a separate sheet of paper. (Conviction of a crime is not an automatic bar to employment. All circumstances will be considered).

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodation?

Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? _____ If so may we inquire of your present employer? _____

Position Applying for: _____

REFERRAL SOURCE

How did you hear about us? Word of Mouth Website Social media Advertisement

Who referred you? _____

Have you ever worked for this company before? Yes No
 Explain _____

Do you know anyone who works for our company? Yes No

If yes, who? _____

EDUCATION

Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
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High School

College or University

Trade, Business or
Correspondence School

EMPLOYMENT HISTORY Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
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Job Title	Address
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Immediate supervisor and title	Summarize the nature of work performed and job responsibilities
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Reason for leaving

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

Computer Skills (please describe): _____

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

Applicant's Statement

PLEASE READ BEFORE SIGNING. If you have any questions regarding this statement, please ask employment interviewer before signing.

LuGreg Trucking, LLC is an equal opportunity employer. LuGreg Trucking does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for LuGreg Trucking to hire me. If I am hired, I understand that either LuGreg Trucking or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of LuGreg Trucking has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to LuGreg Trucking true and complete information on this application. No requested information has been concealed. I authorize LuGreg Trucking to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

Date Employed	Rehire? Yes ___ No ___	Rate of Pay \$ per	Circle One Salaried Hourly
Social Security No:	Job Title	Status Full Time ___ Part Time ___	

HIRING APPROVAL (Two Signatures Required)

_____/_____/_____ / _____/_____

Supervisor/Date

Personnel Representative/Date

NOTES: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

