



Give 'Em A Brake Safety Employment Application

Equal Opportunity Employer

Applicant Information

Date: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State Zip Code

Phone Number: _____ Email: _____

Social Security number: _____ - _____ - _____

Emergency Contact: _____
Name Phone Number

Position Applied for: _____ Date Available: _____

Desired Salary :\$ _____ Were you referred by a current employee? YES NO

Name of current employee that referred you: _____

	YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If no, are you authorized to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for Give 'Em A Brake Safety?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, when? _____		
Have you been convicted of a felony in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: _____		

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

Other: _____ Address: _____

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

References

Please list three professional references:

Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Name: _____ Relationship: _____

Company: _____ Phone Number: _____

Previous Employment

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service-Optional

Branch: _____

From: _____ To: _____

Rank at discharge: _____

Type of discharge: _____

If other than honorable discharge, please explain: _____

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.

Signature: _____

Date: _____



Name of Applicant: _____

Address: _____

Driver's License Number: _____

Date of Birth _____

Today's Date: _____

Consumer reports may be obtained as part of the Give 'Em A Brake Safety evaluation of my job application/employment. The reports may be procured by the Olivier-VanDyk Insurance Agency, Inc. and may include my driving record, an assessment of my insurability under Give 'Em A Brake Safety's insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize Give 'Em A Brake Safety to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability for employment or for other permissible purposes.

Print Name of Applicant /Employee

Signature of Applicant/Employee

Date