



# 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?  
If no, are you authorized to work in the United States?

Have you ever worked for Give 'Em A Brake Safety?  
If yes, when? \_\_\_\_\_

Have you been convicted of a felony in the last 7 years?  
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.

Yes

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

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