

## Give 'Em A Brake Safety Employment Application

Equal Opportunity Employer

Applicant Information							
Date:							
Full Name:							
	Last		First				M.I.
Address:	 Street Address						Apartmont/Unit #
							Apartment/Unit #
	City		State				Zip Code
Phone Numb	er:		Email:				
Social Securit	ty number:						
Emergency C							
	Nam				Phone Number		
Position Appl	lied for:					Date Avai	able:
Desired Salar	ry :\$	Were you refe	erred by a current	employee?	YES		NO
Name of curr	ent employee tha	t referred you:					
					YES	NO	
-	izen of the United I authorized to wo	States? ork in the United Sta	ites?				
-		'Em A Brake Safety					
-							
Have you bee	en convicted of a f	felony in the last 7 y	/ears?				
lf yes, please	explain:						
			Educatio	on			
High School:				Address:			
nigh School.				Address.			
From:	То:	Die	d you graduate?	YES	NO 🗌	Diploma:_	
College:				Address:			
From:	To:	Die	d you graduate?		NO 🗌		
Other:				Address:			
From	То		d you graduata?			Diplomat	
FIUIII.	To:	Di	d you graduate?	YES 📃	NO 🗌	Dibioura:	

F	References	
Please list three professional references:		
Name:	Relationship:	
Company:	Phone Number:	
Name:	Relationship:	
Company:	Phone Number:	
Name:	Relationship:	
Company:	Phone Number:	
Previo	bus Employment	
Company:	Phone Number:	
Address:		
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-Option	nal					
Branch:	From:	То:				
Rank at discharge:	Type of discharg	e:				
If other than honorable discharge, please explain:						
Disclaimer and Signatu	re					
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 will be obtained as part of the Give 'Em A Brake Safety evaluation of my job application/ employment. The reports will be procured by Give 'Em A Brake Safety, an AWP Company and will include my driving record, an assessment of my insurability under Give 'Em A Brake Safety's insurance coverage, background check, or other consumer reports. By signing this disclosure, I hereby authorize Give 'Em A Brake Safety to procure such reports and/or additional reports about me from me to me, as it deems appropriate, to evaluate my insurability for employment or for other permissible purposes. These reports will be conducted by Give 'Em A Brake Safety and/or AWP. Your driving record will be monitored monthly, and any accidents/tickets received personal or work related will be reported to Give 'Em A Brake Safety and may make you ineligible for coverage under Give 'Em A Brake Safety's insurance policy.

If we are moving forward with your application, you will receive and email from Fleet Response within 48 hours to submit your information and approval for an MVR (Motor Vehicle Record) to be processed. The email will be generated from dhp@fleetresponse.com. Please check your spam folder. If you have any questions, please feel free to contact Tanya Johnson- HR Manager @ 517-416-3347.

Print Name of Applicant / Employee

Signature of Applicant/Employee

## Applicant Copy

Consumer reports will be obtained as part of the Give 'Em A Brake Safety evaluation of my job application/ employment. The reports will be procured by Give 'Em A Brake Safety, an AWP Company and will include my driving record, an assessment of my insurability under Give 'Em A Brake Safety's insurance coverage, background check, or other consumer reports. By signing this disclosure, I hereby authorize Give 'Em A Brake Safety to procure such reports and/or additional reports about me from me to me, as it deems appropriate, to evaluate my insurability for employment or for other permissible purposes. These reports will be conducted by Give 'Em A Brake Safety and/or AWP. Your driving record will be monitored monthly, and any accidents/tickets received personal or work related will be reported to Give 'Em A Brake Safety and may make you ineligible for coverage under Give 'Em A Brake Safety's insurance policy.

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