

# Gem State Paper & Supply, CO.

PAPER PRODUCTS & DISPOSABLES – JANITORIALS & CHEMICALS  
FOOD SERVICE PRODUCTS

## DRIVER'S APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LAST FIRST MIDDLE

SOCIAL SECURITY NO. \_\_\_\_\_ TEL NO. \_\_\_\_\_ TEL NO. \_\_\_\_\_

DAY EVE

PRESENT ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

no. street city state zip

ADDRESS FOR \_\_\_\_\_ HOW LONG? \_\_\_\_\_

PAST 3 YEARS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ DATE AVAIL FOR EMPLOYMENT \_\_\_\_\_

## EMPLOYMENT HISTORY

Give a complete record of all employment for the past three years. Also provide an additional 7 years' information on all employers for whom you operated commercial motor vehicles.

NAME OF PRESENT/MOST RECENT EMPLOYER \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM: month \_\_\_\_ year \_\_\_\_ TO: month \_\_\_\_ year \_\_\_\_ RATE OF PAY: starting \_\_\_\_ ending \_\_\_\_

NAME OF NEXT PREVIOUS EMPLOYER \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM: month \_\_\_\_ year \_\_\_\_ TO: month \_\_\_\_ year \_\_\_\_ RATE OF PAY: starting \_\_\_\_ ending \_\_\_\_

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM: month \_\_\_\_ year \_\_\_\_ TO: month \_\_\_\_ year \_\_\_\_ RATE OF PAY: starting \_\_\_\_ ending \_\_\_\_

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM: month \_\_\_ year \_\_\_ TO: month \_\_\_ year \_\_\_ RATE OF PAY: starting \_\_\_ ending \_\_\_

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM: month \_\_\_ year \_\_\_ TO: month \_\_\_ year \_\_\_ RATE OF PAY: starting \_\_\_ ending \_\_\_

NEXT PREVIOUS EMPLOYER \_\_\_\_\_ TEL NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ POSITION HELD \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED FROM: month \_\_\_ year \_\_\_ TO: month \_\_\_ year \_\_\_ RATE OF PAY: starting \_\_\_ ending \_\_\_

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	DATES		APPROX # OF MILES (TOTAL)
	FROM	TO	
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS \_\_\_\_\_

SHOW SPECIAL TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

ACCIDENT RECORD FOR PAST THREE YEARS (attach sheet if more space is needed)

DATES	NATURE OF ACCIDENT (head on, rear end, etc.)	#OF FATALITIES	#OF PEOPLE INJURED

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS (other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

DRIVER'S LICENSE (list each driver's license held in the past three years)

STATE	LICENSE#	TYPE	EXP. DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES\_\_\_ NO\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? YES\_\_\_ NO\_\_\_

If the answer to A or B is YES, give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_

name

city

ARE YOU OVER 18 YEARS OF AGE? YES\_\_\_ NO\_\_\_ (for interstate driving)

ARE YOU OVER 21 YEARS OF AGE? YES\_\_\_ NO\_\_\_ (for interstate driving)

ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A VALID WORK PERMIT? YES\_\_\_ NO\_\_\_  
(federal law requires proof of identity and employment authorization for all new employees)

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? YES\_\_\_ NO\_\_\_  
(a conviction will not necessarily disqualify an applicant)

IF YES PLEASE EXPLAIN \_\_\_\_\_

GEM STATE PAPER & SUPPLY IS A DRUG FREE WORKPLACE. ALL INDIVIDUALS MUST UNDERGO A CONTROLLED SUBSTANCE TEST PRIOR TO EMPLOYMENT.

EMPLOYMENT AT GEM STATE PAPER & SUPPLY IS AT WILL, AND EITHER THE EMPLOYEE OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON.

## CERTIFICATION

My signature below certifies that all information in this application is correct and complete to the best of my knowledge, and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after date of hire.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding inquiries and releasing information in connection with my application.

It is agreed and understood that if qualified, I may be on a get acquainted period during which time I may be disqualified without recourse.

In the event of employment, I understand that I am required to abide by all rules and regulations of the company.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE