Application of Employment R & R Fire Truck Repair, Inc. 751 Doheny Drive, Northville MI 48167 248-344-4443 248-344-8630 (fax)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Answer all questions. Please Print

			Date of app	lication:
Positions) Applied: _				
Name:			Social Secu	rity #
Last	First	Middle		
List your addresses	of residency for the past	3 years.		
Current Address:				
	Street	City		State & Zip
How long	g have you lived there?_	Phone:		
Previous Address:				How Long?
	Street	City	State & Zip	
Have you ever work	ed for this company befo	ore? If yes, whe	re?	
Previous dates of en	nployment at R&R:			
Reason for leaving:_				
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Is there any reason you might be unable to perform the functions of the job for which you have applied? ______ Explain: ______

Education

Grade completed: 1 2 3 4 5 6 7 8	High School: 1234	College 1234	Degree?
Do you possess a diploma or GED?			

Employment History

All driver applicants to drive in commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle (*includes vehicles having a GVWR of 2 lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity in requiring placard in intrastate or interstate commerce shall provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add additional sheet if necessary.)

EMPLOYER			DATE	
NAME			FROM TO MO YR MO YR	
ADDRESS			POSITION HELD	
СІТҮ	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
	EMPLOYER		DATE	
NAME			FROM TO MO YR MO YR	
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
	EMPLOYER		DATE	
NAME			FROM TO MO YR MO YR	
ADDRESS			POSITION HELD	
СІТҮ	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	
	EMPLOYER		DATE	
NAME			FROM TO MO YR MO YR	
ADDRESS			POSITION HELD	
СІТҮ	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE	REASON FOR LEAVING	

Traffic convictions, forfeitures, or accidents for the past 3 years. (attach sheet if additional space is needed.)

DATES	INCIDENT	CHARGE	INJURIES/FATALITIES

Experience and Qualifications—Driver

Drivers Licenses

STATE	LICENSE #	TYPE	EXPIRATION DATE

Α.	Have you ever been denied a license, permit or privilege to operate a m	otor vehicle?	L YES	L NO
В.	Has any license, permit or privilege ever been suspended or revoked?	C YES	□ _{NO}	

Β.	Has any license, permit or privilege ever been suspended or revoked?)
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Driving Experience

Class of Equipment	Type of Equip- ment (van, tank, flat, etc.)	Dates From To	Approx. No. of Miles (Total)
Straight Truck			
Tractor & Semi-trailer			
Tractor-two trailers			
Motor-coach-school bus			
Other:			

Training, Experience, Qualifications and/or Award

Show any trucking transportation or other experience or qualifications that may help you in your work for this company:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. 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.)

Date

Applicant's Signature