

**TRK Enterprises, Inc**

**PO Box 867**

**Pine Bluffs, WY 82082**

**307-631-0154**

**FAX 307-245-3748**

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, or national origin.

**DATE:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE#** \_\_\_\_\_  
First M.I. Last

**CURRENT EMAIL ADDRESS:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_  
Street City State Zip

If at above residence less than three years, list below all residents for the past three years.  
Attach a separate sheet, if necessary.

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State/Zip** \_\_\_\_\_

**Position Applying for** \_\_\_\_\_ **Pay Rate Expected** \_\_\_\_\_  
( ) Temporary ( ) Part-Time ( ) Full Time

**Who Referred You?** \_\_\_\_\_

**Have you worked for TRK before?** \_\_\_\_\_ **If yes, when?** \_\_\_\_\_

**Reason for leaving?** \_\_\_\_\_

**Names of any Relatives Employed for this Company** \_\_\_\_\_

**Have you been convicted of a felony?** \_\_\_\_\_

**Are you currently employed?** \_\_\_\_\_

**If not, how long since leaving last employment** \_\_\_\_\_

**EDUCATION**

**Circle highest grade completed:** 5 6 7 8 9 10 11 12 **College:** 1 2 3 4

**Last school attended/ Address** \_\_\_\_\_

**DRIVER INFORMATION:** (Answer the questions only if applying for driver position)

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**EMPLOYMENT HISTORY** (most recent first)

<b>Dates Employed</b>	<b>Employer Name &amp; address/Phone #</b>	<b>Salary/Position</b>	<b>Reason for leaving</b>
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1)			
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2)			
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3)			
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**REFERENCES:** Give below the names of three persons, not related to you, whom you have known for at least one year:

<b>ADDRESS</b>	<b>BUSSINESS</b>	<b>YEARS KNOWN</b>	<b>NAME</b>
1)			
2)			
3)			

**PHYSICAL RECORD:** Do you have any physical or medical conditions that would hinder or prohibit you from engaging in the physical and mental tasks required for the job you are applying for? **YES / NO**

- a. Please list allergies and all prescribed medicines you are currently taking and provide any cautionary warnings, i.e., "prescription can make you drowsy", "do not operate heavy equipment or drive while taking this medicine," etc., regarding those prescriptions supplied by a medical doctor or pharmacist.

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I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

Driver Licenses held in the past 3 years MUST be shown:

STATE	LICENSE #	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_

Have you ever been disqualified subject to section 391.15 of the Federal Motor Carrier Safety Regulations? \_\_\_\_\_

(IF THE ANSWER TO EITHER A, B, OR C IS YES, ATTACH STATEMENT GIVING DETAILS)

**DRIVING EXPERIENCE**

Class of Equip.	Type of Equip. (van/tank, flat)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Twin-Trailers				
Other				

List states operated in for last five years: \_\_\_\_\_