

Please Print Legibly

Do you have a Driver's License? Yes No

What is your means of transportation to work? _____

Driver's License # _____ State of Issue _____

Operator Commercial (CDL) Chauffeur Expiration Date _____

Any automobile accidents during the past three years? Yes No How many? _____

Any moving violations during the past year years? Yes No How many? _____

Please list two references other than relatives or previous employers.

1. Name _____ Phone _____

Position _____ Company _____

Address _____ City _____ St _____ Zip _____

2. Name _____ Phone _____

Position _____ Company _____

Address _____ City _____ St _____ Zip _____

Use the space below, or attach a separate page if you wish, to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the Armed Forces? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience, starting with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. Please Print Legibly**

1. Name of Employer _____
Position _____ Phone _____
Address _____ City _____ St _____
Name of Last Supervisor _____ Employment Dates From _____ to _____
Reason for Leaving (Be Specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

2. Name of Employer _____
Position _____ Phone _____
Address _____ City _____ St _____
Name of Last Supervisor _____ Employment Dates From _____ to _____
Reason for Leaving (Be Specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

3. Name of Employer _____
Position _____ Phone _____
Address _____ City _____ St _____
Name of Last Supervisor _____ Employment Dates From _____ to _____
Reason for Leaving (Be Specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

4. Name of Employer _____

Position _____ Phone _____

Address _____ City _____ St _____

Name of Last Supervisor _____ Employment Dates From _____ to _____

Reason for Leaving (Be Specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

1. I hereby certify that the information and facts set forth on the application are true and complete to the best of my knowledge. I understand that any false statements or answers, or any misrepresentations or omission of facts is sufficient cause for rejection of my application, or if hired, for discharge from Ausland Group. Furthermore, I understand and acknowledge that Ausland Group is an at-will employer and that therefore, if hired, either Ausland Group or I may terminate our relationship at will at any time, without notice or with any reason and that this employment application does not constitute as an employment contract. I further understand and acknowledge that my employment is at all times at-will and not guaranteed to me for any definite period of time unless so stated in a written employment agreement that states differently and is signed by an authorized Officer of the company.
2. I permit Ausland Group or its representative to investigate any of the statements submitted by me on the application. Accordingly, I authorize any of the companies or schools named on this form, or any other relevant company, agency or person, to release information regarding my employment including but not limited to, positions held, dates of employment, last rate of pay, work performance, disciplinary and attendance records, reliability, and any incidents of dishonesty, insubordination, threatening or intimidating behavior, and unsafe conduct, including information based upon materials in my personnel files.
3. I acknowledge that I will hold Ausland Group, any former employers, educational institutions, and any other persons giving references in good faith free of liability for the exchange of this information and any other reasonable and necessary information related to the employment process. I further understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation or inquiry. I also understand that I will be given a written description of my rights under the Fair Credit Reporting Act, as may be applicable.
4. I understand that any job offer that may be extended to me, that involves driving a company vehicle or use of machinery will be contingent upon successful completion of a Drug and Alcohol Test. If I successfully pass the controlled substance test, I will be subject to random, reasonable suspicion, post-accident, return to duty, and follow-up testing as well. I understand if I fail a controlled substance/alcohol test I may be subject to immediate termination. All employees are subject to Random Drug Testing selection from the employee pool.
5. I understand that a valid driver's license and a driving record acceptable to both Ausland Group and its insurance carrier may be required for employees in certain job classifications.
6. I understand that if selected, I will be required to provide proof that I am authorized to work lawfully in the United States.
7. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Signature of Applicant _____ **Date:** _____

This application is valid for only 90 days from the date I signed. If I want to be considered for job openings more than 90 days from the date signed, I will submit a new application.