



1134 East McPherson Highway • PO Box 246 • Clyde, OH 43410  
Phone: 419-547-1117 • Fax: 419-547-2997

**APPLICATION FOR EMPLOYMENT**

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.

POSITION APPLIED FOR: \_\_\_\_\_

FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_ HOURS AVAILABLE: \_\_\_\_\_

Date of application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_ How Long \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Previous addresses (3 years)**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied?  
\_\_\_\_\_  
\_\_\_\_\_

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**Employment History**

List all employers for the last ten years. Please do not leave any gaps.

**Present or Last Employer:** Company Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Previous Employer:** Company Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

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**Previous Employer:** Company Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

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**Previous Employer:** Company Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

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**Previous Employer:** Company Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position Held: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

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**Education Background:**

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College hours completed: \_\_\_\_\_

Type of School	Name an Location	Graduated Yes or No	Degree	Field of Study	Grade Point / Scale		
					Top	Middle	Bottom 1/3
HIGH							
BUSINESS OR TRADE							
COLLEGE OR UNIVERSITY							
POST GRADUATE							

Military Service: Are you a Veteran of the U. S. Military Service: \_\_\_\_\_ Yes \_\_\_\_\_ No

List in detail, training and years of experience; also list if you have certificates:

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**Driver's License (List each license held in past three years)**

State License No. Type Endorsements Expiration Date

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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, B, or C is Yes, please give details \_\_\_\_\_

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**To be Read and signed by Applicant**

It is agreed and understood that any misrepresentation given above be considered an act of dishonesty.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes.

It is also agreed and understood that the Company or his agents may investigate the applicants background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

It is agreed and understood that this application in no way obligates the Company to employ the applicant.

It is agreed and understood that if qualified, the applicant may be on a probationary period during which time he may be disqualified without recourse.

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

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**Date**

**Applicant's Signature**

**APPLICANT REFERENCE AND BACKGROUND CHECK  
WAIVER AND RELEASE**

I, \_\_\_\_\_, hereby authorize the former employers,  
(Please Print Name as it appears on Driver's License)  
educational institutions and other references set forth on my job application or resume, as well as credit and law enforcement agencies, to provide CLYDE TRUCK AND TRAILER, and its agents any and all information related to my prior employment, education, and other information about me. I knowingly and voluntarily release and hold harmless these former employers, institutions, agencies, and references and any employee or agent of them from and against any and all claims of any kind whatsoever that I may have because they provide or attempt to provide any such information to CLYDE TRUCK AND TRAILER.

I hereby authorize CLYDE TRUCK AND TRAILER, to request, receive and use this information, and I knowingly and voluntarily release and hold harmless CLYDE TRUCK AND TRAILER, or any employee or agent of it from and against any and all claims of any kind whatsoever that I may have because of the request, receipt, or use of any such information.

I agree that any false or misleading information provided by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Driver's License No. and State

I authorize CLYDE TRUCK AND TRAILER, to contact my

\_\_\_\_\_  
current employer for reference information.

Witness

Yes: \_\_\_\_\_ No: \_\_\_\_\_