



TRUCKING, INC.

HOME OFFICE
 P.O. BOX 5328 • MISSOULA, MONTANA 59806-5328
 1-800-548-8895 • FAX 800-409-9151 • 406/532-6121

An Equal Opportunity Employer
EMPLOYMENT APPLICATION

Do Not Write In This Space.

Hire/Entry Date _____	Review _____
Department _____	Title _____
Dept. Number _____	Job Class _____
Status _____	Grade _____
Shift _____	EEOC _____
Wage _____	Salaried _____ Hourly _____
Shift Differential: Basic _____	Senior _____
Temporary _____	To _____
Orientation Date _____	

INSTRUCTIONS: All sections of this application must be completed in detail for you to be considered for employment. If a question or blank does not apply to you, write **NA** in the space. Upon completion, sign your name in the space provided. Please **PRINT** or **WRITE** legibly.

IDENTIFICATION:

Today's Date					
Last Name		First Name		Middle Initial	Social Security Number
Present Address — Street & Number			City	State	Zip Code
Telephone Number					
Permanent Address — Street & Number			City	State	Zip Code
Telephone Number					
Proof of citizenship or immigration status will be required upon employment.					

WORK PREFERENCES:

Position desired:	When can you start?	Approximate salary expected: Per hour _____ Per month _____
Are you applying for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time <input type="checkbox"/> On-call	Indicate days and hours available.	

PERSONAL:

What or who prompted you to apply here?	Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate date. Month _____ Year _____
Have you any relatives or personal acquaintances working here? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know for sure	If Yes, indicate name, relationship and department.	
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, indicate dates and the Department in which you worked. From _____ MO / _____ YR To _____ MO / _____ YR	

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

* Proof of citizenship or immigration status will be required upon employment.

EDUCATION:

Indicate High School, Vocational School, Business School, College or University attended. Number of years attended.							
Name of School	Location		Course of Study	Years Attended			Degree, Diploma or Certificate
	City	State					
Do you plan to resume your education? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided			If Yes, when?	Name and location of school.			

SPECIAL SKILLS AND TRAINING: (Check which skills or training you have in the following areas.)

BUSINESS AND CLERICAL	GENERAL	OTHER
<input type="checkbox"/> Typing _____ wpm	<input type="checkbox"/> Fork Lift	
<input type="checkbox"/> Dictation	<input type="checkbox"/> Pallet Jack	
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Hand Truck	
<input type="checkbox"/> Calculator	<input type="checkbox"/> Freight Belts	
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Semi Truck	
<input type="checkbox"/> Computer	<input type="checkbox"/> Power Tools	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

PROFESSION REGISTRATION OR CERTIFICATION:

Type of Registration or Certificate	State	Number	Do not write in this space		
			Verification	Date of Expiration	

If you do not have a required registration or license, have you applied for one? Yes No
 If an examination is required, what date are you scheduled to take the examination?

LIST NAME, ADDRESS AND TELEPHONE NUMBER OF THREE PERSONAL REFERENCES:

EMPLOYMENT HISTORY: List all employment beginning with your present or most recent employer, then previous employers in order. Additional employment history sheets will be furnished upon request.

Name of Firm:	Position Title	Describe work experience.
Address (Number & Street)	Phone No.	
City	State	Zip Code
Supervisor's Name	If you worked under a different name, indicate that name here.	
Dates Employed (Month/Year) From _____ To _____	Reason for leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Firm:	Position Title	Describe work experience.
Address (Number & Street)	Phone No.	
City	State	Zip Code
Supervisor's Name	If you worked under a different name, indicate that name here.	
Dates Employed (Month/Year) From _____ To _____	Reason for leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Firm:	Position Title	Describe work experience.
Address (Number & Street)	Phone No.	
City	State	Zip Code
Supervisor's Name	If you worked under a different name, indicate that name here.	
Dates Employed (Month/Year) From _____ To _____	Reason for leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Firm:	Position Title	Describe work experience.
Address (Number & Street)	Phone No.	
City	State	Zip Code
Supervisor's Name	If you worked under a different name, indicate that name here.	
Dates Employed (Month/Year) From _____ To _____	Reason for leaving:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

List periods of unemployment.	Date (Month/Year) From _____ To _____	Date (Month/Year) From _____ To _____	Date (Month/Year) From _____ To _____
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MILITARY SERVICE RECORD:

Branch of Military Service	Date entered Service Month _____ Year _____	Date separated from Active Duty Month _____ Year _____
Date of Final Discharge Month _____ Year _____	Final Rank or Rate of Pay	Special training received:

What is the minimum period of time that you plan to stay if employed by Watkins Shepard? _____

What type of work would you like to be doing in five years? _____

What type of work do you find to be most interesting? _____

What type of work do you dislike most? _____

Have you, within the last seven (7) years, been convicted of a criminal offense?

_____ Yes _____ No

If yes, type of conviction _____ (Felony; misdemeanor, etc.) For _____ (Criminal offense)

Jail time? _____ Yes _____ No Length of jail time _____

Additional Remarks: _____

I understand that, in order to make a knowledgeable decision regarding my application for employment, Watkins Shepard and its personnel must check with prior employers. I consent to and authorize Watkins Shepard and its personnel to ask any and all of the references I noted in my employment application for information concerning me and my previous employment records, and know that a complete answer is important to my being hired. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further authorize said prior employers and references to disclose any and all relevant information to Watkins Shepard concerning any prior employment record and pertinent information, and in the future, authorize Watkins Shepard to provide such information to my future prospective employers.

I release all parties and persons connected with furnishing such information from all claims, liabilities, and damages for whatever reason, arising out of furnishing such information.

I understand that any willful misrepresentation of facts in this application may be considered cause for immediate dismissal. I hereby authorize the release of information relating to my employment at Watkins Shepard. I understand, also, that I am required to abide by all rules and regulations of Watkins Shepard.

Signature of Applicant Date

Thank you for your interest in Watkins Shepard. Please feel free to attach your resume or any other additional information which may be helpful in evaluating your qualification.

Do not write below this line.

