



APPLICATION FOR EMPLOYMENT

Western Line Builders, Inc.
 P.O. Box 614
 525 Western Street
 Wells, NV 89835
 (775) 752-3623
 FAX (775) 752-2177

We consider applicants for all positions without regard to race, color, religion creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

If hired, we require a copy of your Drivers License, Social Security Card, and a Medical Card if Available.

(PLEASE PRINT)

Name _____ Date of Birth _____
 (First) (Middle) (Maiden Name, if any) (Last)

Social Security No. _____ Home Phone No. _____

Cell Phone No. _____ Email Address _____

Mailing Address _____
 (Street / Box) (City) (State & Zip Code)

Physical Address _____ How Long? _____
 For the Past (Street) (City) State & Zip Code

Three Years _____ How Long? _____
 (Attach Sheet if More (Street) (City) State & Zip Code
 Space is Needed)

Position applied for _____ Rate of pay Expected \$ _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes		No	
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Have you ever filed an application with us before?

Yes		No	
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 If Yes, Give Date _____

Have you ever been employed with us before?

Yes		No	
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 If Yes, Give Date _____

Are you currently employed?

Yes		No	
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May we contact your present employer?

Yes		No	
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of Citizenship of immigration status will be required upon employment.)

Yes		No	
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On what date would you be available to work? _____

Are you available to work:

Full Time		Part Time		Shift Work		Temporary	
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Are you currently on "lay-off" status and subject to recall?

Yes		No	
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Can you travel if a job requires it?

Yes		No	
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Have you been convicted of a felony within the last 7 years?

(Conviction will not necessarily disqualify an applicant from employment.)

Yes		No	
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If Yes, please explain

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

2	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

3	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

4	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate / Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
ELEMENTARY SCHOOL				
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE PROFESSIONAL				
OTHER (SPECIFY)				

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver Licenses	State		License No.		Type		Expiration Date	

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	Type of Equipment (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES		NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

Person to be notified in case of an emergency:

Name

Address

Phone No.

Relationship

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date