



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 (First) (Middle) (Maiden Name, if any) (Last) Phone No.

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

Date of Birth Social Security No.

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

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

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

Have you ever filed an application with us before? Yes No If Yes, Give Date

Have you ever been employed with us before? Yes No If Yes, Give Date

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

On what date would you be available to work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years?

Yes

No

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

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.

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