EMPLOYMENT APPLICATION

Please complete the entire application.

1.   Employer Information

Employer: Trailer Tech Parts & Service Inc.
Address: 11 Site Rd.
City/State/ZIP: Leola, Pennsylvania 17540
Telephone: 7176564268

It is the policy of Trailer Tech Parts & Service Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2.   Applicant Information

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime phone: _____   Evening phone: _____
Mobile phone: _____
Social Security Number: _____
Driver's License (State/Number):   _____

3.   Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime phone: _____   Evening phone: _____

4.   Job Position Applied For:Trailer Technician, In House & Road Service

5.   Are you at least 18 years old?   _____ Yes   _____ No

6. If hired, are you able to submit proof that you are legally eligible for employment in the United States? _____ Yes _____ No

7. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

8. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employer Name: _____
Supervisor Name: _____

Application For Employment

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name

Address	City	State	Zip

Phone number	Email address

Are you legally eligible to work in the US?

Yes ☐   No ☐

Are you a veteran?

Yes ☐   No ☐

If selected for employment are you willing to submit to a background check?

Yes ☐   No ☐

Position

Position you are applying for	Available start date	Desired pay

Employment desired

☐ Full time   ☐ Part time   ☐ Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)

Job title		Dates employed

Work phone	Starting pay rate	Ending pay rate

Address	City	State	Zip

Employer (2)

Job title		Dates employed

Work phone	Starting pay rate	Ending pay rate

Address	City	State	Zip

Employer (3)

Job title		Dates employed

Work phone	Starting pay rate	Ending pay rate

Address	City	State	Zip

Employer (4)

Job Title		Dates employed

Work phone	Starting pay rate	Ending pay rate

Address	City	State	Zip

Employer (5)

Job title		Dates employed

Work phone	Starting pay rate	Ending pay rate

Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	