



**APPLICATION FOR EMPLOYMENT**

**Holt Services Inc.** is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

**INTRODUCTORY INFORMATION:**

Position(s) Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**LIST ADDRESSES FOR THE PAST 3 YEARS**

Address (Current): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Address (Previous 1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Address (Previous 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

**APPLICANT QUESTIONS:**

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Can you provide proof of age?  Yes  No

Have you worked for Holt Services Inc. before?  Yes  No Where? \_\_\_\_\_

Dates Worked: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Are you now employed? \_\_\_ Yes \_\_\_ No If not, how long since leaving last employment? \_\_\_\_\_

Were you referred and by whom?  Yes  No Referred by: \_\_\_\_\_

Do you have any Felony convictions:  Yes  No If yes, please explain on a separate piece of paper if needed (Conviction of a crime is not an automatic bar to employment; all circumstances will be considered).

Is there any reason you might be unable to perform the function s of the job for which you have applied (as described in the attachment job description)?  Yes  No

If yes, explain if you wish.

\_\_\_\_\_  
\_\_\_\_\_



**EMPLOYMENT HISTORY:**

**EMPLOYER:**

Name & Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ to \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED?  Yes  No

WAS YOUR JOB DESIGNATED AS A SAEFTY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CRF PART 40?  Yes  No

**EMPLOYER:**

Name & Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ to \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

WERE YOU SUBJECT TO FMCSR WHILE EMPLOYED?  Yes  No

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Name & Address of Employer: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Name & Address of Employer: \_\_\_\_\_

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Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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Name & Address of Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates Worked: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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**ACCIDENT RECORD** (Past 3 Years) If NONE write, NONE.

Dates	Nature of Accident Head-on, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Previous				
Previous				

**TRAFFIC CONVICTIONS** and forfeitures for the past 3 years (other than parking violations). If none, write NONE.

Location	Date	Charge	Penalty

**EXPERIENCE AND QUALIFICATIONS – DRIVER** (All Licenses or permits held in the past 3 years)

State	License Number	Type	Expiration Date



**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment VAN TANK FLAT DUMP REFER	Dates		Approx. # of Miles (Total)
		From (M/Y)	To (M/Y)	

List States operated in for the past 5 years: \_\_\_\_\_

Have you conducted a DOT Physical?  Yes  No If yes, please provide a copy of physical.

List and provide a copy of all courses and training that you have conducted:

\_\_\_\_\_

List special equipment or technical materials you can work with (other than those already shown):

\_\_\_\_\_

Provide any trucking, transportation or other experience that may help you in your work with Holt Services, Inc.:

\_\_\_\_\_

**EDUCATION**

Highest Grade Completed:

LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that my employment with Holt Services Inc. is at-will, meaning that I or Holt Services Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize Holt Services Inc. to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Holt Services Inc., and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that Holt Services Inc. requires the successful completion of a drug and/or alcohol test as a condition of employment.

**I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_