

George Dapper Inc.
APPLICATION FOR EMPLOYMENT

TODAY'S DATE _____

George Dapper Inc. is an EOE.
 (Equal Opportunity Employer)

PERSONAL INFORMATION

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Cell Phone
Have you ever worked, or applied to work for George Dapper Inc. before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month & Year _____ What Location: _____			How long at current address? (Mo/yr)
Position Desired CIRCLE ONE DRIVER AIDE Full Time Yes <input type="checkbox"/> No <input type="checkbox"/> (If positions are available) Part Time Yes <input type="checkbox"/> No <input type="checkbox"/> Am and Pm Yes or No (circle) ***YOU MUST BE AVAILABLE TO WORK MORNINGS AND AFTERNOONS***			How did you hear about us? Circle One Newspaper Website Internet Word of Mouth Flyer Recommendation Other _____
Do you have a Commercial Driver's License? If yes, what Type?			What Endorsements? <i>Drivers ONLY</i>
Have you had any points on your license in the past 3 years? If so, for what?			License Number
Have you had your license suspended, revoked, or denied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.			State of License
Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulations?			Expiration Date of License
Social Security No. Required by FMCSR Part 391.21 (b) (2) _____			Date of Birth Required by FMCSR Part 391.21 (b) (2) _____

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO.OF YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High				Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY

Please give accurate, complete (full-time and part-time) employment information. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (state month & year) From _____ To _____
Name of Supervisor	
Job Title and Description of Work Duties	Reason for Leaving
Company Name	Telephone
Address	Employed (state month & year) From _____ To _____

Name of Supervisor		
Job Title and Description of Work Duties		Reason for Leaving
Company Name		Telephone
Address		Employed (state month & year) From To
Name of Supervisor		
Job Title and Description of Work Duties		Reason for Leaving
In your past, were any job positions covered under the FMCSR Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what job?		Have you ever been fired or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please explain

PERSONAL REFERENCES

Name	Telephone
Address	Cell #
Relationship	# Of years
Name	Telephone
Address	Cell #
Relationship	# Of years

What is your previous address?	How long were you living at your previous address? (Mo/yr)
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, employment is subject to verification of minimum legal age.</i>	Please explain any gaps of employment of more than 30 days, in the last 3 years.
State the names of relatives and/or friends working for George Dapper Inc. that referred you to our company.	Do you have any physical disabilities that would interfere with your job?
Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? This includes anything that may be pending in the court system. <i>Exempt by N.J. Chapter 32 Act Title 34 C.34: 6B-16 (6) (b)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe in full:	
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired, can you show evidence of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
List any other names you have used in the past.	When are you available to begin working?

I am aware and understand that I am applying for a safety sensitive position and am subject to all the rules, regulations and policies, of this company and the state and federal government.

The information requested in this application is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity.

George Dapper is an Equal Opportunity Employer (EOE).

George Dapper Inc. complies with the Civil Rights Act of 1964, which prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. In addition, we do not discriminate based upon ancestry, marital status or physical or mental handicap or disability, or sexual orientation.

I verify that the information provided in the application for employment is true, correct and complete. If employed, any misstatements, falsifications, or omissions of fact on this application, or any pre-application document may result in my termination.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I am aware that I am an "AT WILL" employee. If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. In addition, no one is authorized to make any exceptions to this policy, without written authority from the owner/president or his or her designee.

I, authorize George Dapper Inc. to conduct a full background check, including but not limited to the following: criminal history check (both state and federal), any DOT (Dept. of Transportation) background checks, or any FTA (Federal Transit Administration) background checks.

I understand, and agree that my employment is conditioned upon taking and passing a "pre-employment drug test", passing a doctor's physical examination, passing a company background check(s), and having all the necessary/satisfactory paperwork submitted to the office, to complete my application.

Applicant NAME Print _____

Applicant Signature _____

Date _____

By signing above, I agree and understand ALL of the statements contained in this application.
