



APPLICATION FOR EMPLOYMENT

We appreciate your interest in applying for employment with James A. Andrew, Inc. Your background and work history will assist us in reviewing your qualifications.

PERSONAL INFORMATION

Name _____ Address _____ Phone number _____
Type of Position Desired _____ Date Available to Begin Work _____
Hours/Days NOT available _____ Expected Salary/Hourly Wage _____
Type of Employment Desired: Full time _____ Part-time: _____

EDUCATION

High School: _____ Last Year Completed: 1 2 3 4 Degree: _____
College: _____ Last Year Completed: 1 2 3 4 Degree: _____

WORK EXPERIENCE

Please list your current or most recent employer first.

1. Company Name _____
Address _____
Dates Employed _____
Position _____
Pay Rate _____
Supervisor's Name _____
Telephone Number _____
Reason for Leaving or Wanting to Leave _____
2. Company Name _____
Address _____
Dates Employed _____
Position _____
Pay Rate _____
Supervisor's Name _____
Telephone Number _____
Reason for Leaving or Wanting to Leave _____

3. Company Name _____
 Address _____
 Dates Employed _____
 Position _____
 Pay Rate _____
 Supervisor's Name _____
 Telephone Number _____
 Reason for Leaving or Wanting to Leave _____

May contact your current or last employer? Yes _____ No _____
 Do you have experience in our industry or one similar? Yes _____ No _____
 Please list any additional skills that you feel are relevant to the position you are applying for:

GENERAL INFORMATION

Have you ever been employed by James A. Andrew, Inc. before? Yes _____ No _____
 If yes, give dates of employment: From _____ to _____
 Do you have any friends or family employed with us now? Yes _____ No _____
 If yes, give names: _____
 Are you at least 18 years of age? Yes _____ No _____
 Have you ever been convicted of a felony? Yes _____ No _____
 If yes, state the crime(s), court(s), and sentence(s): _____

WORK REFERENCES

Please list 3 individuals (Other than relatives) whom we may contact for work related references.

	Name	Title	Organization/Position	Telephone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Terms & Conditions of Application and Employment

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application are grounds for dismissal. I understand that any offer of employment may require a drug/alcohol screen as part of the application process. I understand that neither this document nor any offer of employment from James A. Andrew, Inc. constitutes an employment contract, and that the employment relationship is terminable "at will" by either party without notice or cause, unless set out in writing, dated and executed by both parties.

Applicant signature _____ Date _____

APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Interview Outcome: Recommend to be hired Yes _____ No _____

If rejected, please state reason: _____

If hired, please list: Date employee started work: _____ Rate of Pay _____

PLEASE COMPLETE THIS PAGE ONLY IF THE POSITION YOU ARE APPLYING FOR WILL REQUIRE YOU TO DRIVE COMPANY VEHICLES.

Driver Experiences/Licenses

List all Driver Licenses held in the past 3 years:

	State	License Number	Class	Endorsement	Expiration Date
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes___ No___

Has any license, permit, or privilege ever been suspended or revoked? Yes___ No___

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?

Yes___ No___

If you answered "Yes" to any of the questions above, please explain below.

Driving Experience

<u>Tote/class if Equipment</u>	<u>Driving Dates From/To</u>	<u>Total Miles Driven</u>
Straight Truck	_____	_____
Tractor & Semi-Trailer	_____	_____
Twin Trailers-Lucy's	_____	_____
Other-_____	_____	_____

List states operated in during the past 5 years:

List special courses or training that will help you as a driver.

Accident Review for the Past Three Years

	Date	Type of Accident	Fatalities?	Injuries?
Last accident	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____
Next Previous	_____	_____	_____	_____

Traffic Convictions & Forfeitures for the Past 3 Years Other that Parking Violations:

	Location	Date	Charge	Penalty
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
