

BRADFORD SUPPLY COMPANY

"Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

Name (Print) _____ Date _____

Current Address _____ Phone # _____

City/State/Zip _____ Cellular # _____

Email Address _____

Position Applied For _____

Are you seeking work ___ Full Time, ___ Part Time? Date you can start: _____

Have you ever applied to, or been employed by, this Company? _____

If so, when? _____ What position? _____

If previously employed with Bradford Supply Company, what was the reason for departure? _____

Are you over age 18? _____ Are you legally eligible to work in the United States? _____

Have you ever been convicted of a felony? _____ (a yes answer does not automatically disqualify you from employment). If yes, please explain _____

Are there any restrictions on days or hours you are available to work _____ If yes, explain _____

EDUCATION

Highest level of education achieved _____

Major Course of Study _____

List any degrees or certificates earned and the conferring institution _____

WORK HISTORY

Last Employer Name: _____

Address: _____ Phone #: _____

Position Held: _____ Responsibilities: _____

Employed From: Month/ Year: _____ To: Month/ Year: _____ Salary: _____

Reason For Leaving: _____

Name of Immediate Supervisor: _____ Title: _____

Supervisor's Contact Information: _____

If this is your current employer, may we contact them? _____

Second Last Employer Name: _____

Address: _____ Phone #: _____

Position Held: _____ Responsibilities: _____

Employed From: Month/ Year: _____ To: Month/ Year: _____ Salary: _____

Reason For Leaving: _____

Name of Immediate Supervisor: _____ Title: _____

Supervisor's Contact Information: _____

Third Last Employer Name: _____

Address: _____ Phone #: _____

Position Held: _____ Responsibilities: _____

Employed From: Month/ Year: _____ To: Month/ Year: _____ Salary: _____

Reason For Leaving: _____

Name of Immediate Supervisor: _____ Title: _____

Supervisor's Contact Information: _____

RESIDENCE HISTORY

Current Residence:

Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (City) (State & Zip)

Dates of Residence: _____

Prior Residence:

Address: _____
(Street) (City) (State & Zip)

Dates of Residence: _____

Address: _____
(Street) (City) (State & Zip)

Dates of Residence: _____

Address: _____
(Street) (City) (State & Zip)

Dates of Residence: _____

Address: _____
(Street) (City) (State & Zip)

Dates of Residence: _____

REFERENCES:

1. _____
Name Relationship Contact Information
2. _____
Name Relationship Contact Information
3. _____
Name Relationship Contact Information

DRIVER EXPERIENCE AND QUALIFICATIONS:

Driver	State	License No.	Type	Expiration Date
Licenses				
In Your Name				

DRIVING EXPERIENCE:

Class of Equipment	Type of Equip. (Van, Tank, Flat)	Dates From	Dates To	Approx. No. of Total Miles
Straight Truck				
Tractor & Trailer				
Tractor & Two Trailers				
Other				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE *(Attach additional sheet if more space is required)*

Dates	Nature of Accident (Head on, Rear-end, Etc.)	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS *(Other than parking violations)*

Location	Date	Charge	Penalty

(Attach additional sheet if more space is required)

A) Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B) Has your license, permit or privilege ever been suspended or revoked? _____

If your answer to either A or B above is yes, attach statement providing detail

Note: DOT requires that employment for at least (3) three years and /or Commercial Driving experience for the past (10) years be provided. Provide information under "Work History" section.

This certifies that the driving and work history provided was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature

Date

**Applicant's Certification and Agreement:
For Bradford Supply Company, Robinson, IL. 62454 (Corporate Office)**

Please Read Carefully

I understand and agree that:

1. I authorize any party or agency contacted by Bradford Supply Company to furnish the following information, including but not limited to, a review of my work, education, motor vehicle, personal, criminal and, financial history and workers compensation records in accordance with ADA, labor and wage records, whether public or private in nature. I will hold no person liable for giving or receiving information in this investigation. Social Security Number: _____.
2. Information obtained by this authorization will be used exclusively for identification purposes and determination of suitability of employment. I understand Bradford Supply Company will keep any information received confidential for purposes of employment only.
3. If employed, I may terminate my employment at any time without cause, and the company may terminate or modify the relationship at any time without notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of the company.
4. I agree to undergo a physical examination including drug and alcohol test, at employer's expense. Any doctor or hospital may release this and all information necessary to determine my abilities to perform specific job duties, now or in the future, to Bradford Supply Company.
5. The needs of the company may make the following conditions mandatory; overtime, shift work, a rotation work schedule, or a work schedule other than Monday through Friday. I accept these as conditions of employment.
6. If employed, I understand that my employment is for no definite period of time and is terminable-at-will. If terminated, the company is liable only for wages or salary earned as of the date/ time of termination.
7. If employed, but later have employment relationship severed, I authorize Bradford Supply Co. agents, officers and representatives full authority to release employment information to other potential employment company's without any liability, suits, claims or causes of action against them for any reason.
8. I have read and understand the above and hereby certify that the facts I have provided in my employment application are true and complete. I understand that any information found to be false or misleading may result in the dismissal of the application process or termination of employment.

Signature

Date

Printed Name