

Employment Application



APPLICANT INFORMATION									
Last Name		First			M.I.		Date		
Street Address				Apartment/Unit #					
City			State		ZIP				
Phone			E-mail Address						
Date Available		Social Security No.			D.O.B				
Full-Time or Part-Time		Day or Night Shift			Desired Salary				
Position Applied for									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Do you have a valid License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL No.					
Do you have any driving experience?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where and when?					
Have you had any MVR infractions in the last 2 years?		YES <input type="checkbox"/>	YES <input type="checkbox"/>	If so, what were they?					
REFERENCES									
<i>Please list three references.</i>									
Full Name		Relationship							
Phone									
Full Name		Relationship							
Phone									
Full Name		Relationship							
Phone									
PREVIOUS EMPLOYMENT									
Company					Phone				
Address					Supervisor				
Job Title			Starting Salary \$		Ending Salary \$				
From		To	Reason for Leaving						
If asked, would this employer hire you back? YES <input type="checkbox"/> NO <input type="checkbox"/>									

May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
If asked, would this employer hire you back? YES <input type="checkbox"/> NO <input type="checkbox"/>			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

GETTING TO KNOW YOU

Please give us a brief description about you.

Give us three reasons why you believe you would be a great fit for our company.

Please explain a time when you had a customer experience in the past that left a lasting positive impression.

What are your strengths?

What are your weaknesses?

DISCLAIMER AND SIGNATURE

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 release. LIR LOGISTICS IS AN EQUAL OPPORTUNITY EMPLOYER.

Signature

Date

MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and their insurance agent, whose name and addresses are as follows:

LIR Logistics
719 W Frances St
Appleton, WI 54914

Name and Address of Insurance Agent

This authorization shall continue in the effect until revoked, in writing, by the undersigned.

Date: _____

Signature: _____

Printed Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Driver's License Number: _____

Date of Birth: _____