



14 Route 46  
 Budd Lake, NJ 07828  
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**www.cassidytransinc.com**

## EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Cell		Social Security#			
License #		Exp Date		Date of Birth	
Place of Birth		Height		Weight	
Eye Color		Hair Color		Date Available	
Position Applied for					
Do you have CDL with PS	YES	NO	If no, do you want to train to get your CDL	YES	NO
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you ever worked for this company?	YES	NO	If so, when?		
Have you ever been convicted of a felony?	YES	NO	If yes, explain		

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES	NO	Degree
College			Address		
From	To	Did you graduate?	YES	NO	Degree
Other			Address		
From	To	Did you graduate?	YES	NO	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

<b>PREVIOUS EMPLOYMENT</b>				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES	NO	

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DISCLAIMER AND SIGNATURE</b>	
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.	
Worker's comp is covered only if injury occurs during work hours of route.	
If you choose to send the form back electronically, please type in your name starting with "/s/". Example: /s/ John Doe. This will act as a legal signature.	
Signature	Date