

APPLICATION FOR EMPLOYMENT

**Redhawk
Transportation, Inc**

Date of Application _____

| | | | |
|----------------------------------|-----------|--|----------------|
| Social Security Number | Last Name | First Name | Middle Name |
| Address (Street number and name) | | City | County |
| State | Zip Code | Phone (Home or where you can be reached) | Business Phone |

Jobs Applied For

Enter below the job(s) for which you are applying.
1. _____

Referral Source

Please indicate your referral source: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

| Schools | Name and Location | Dates Attended (mo/yr) | | Grad? | S/Q Hrs. | Major/Minor Course Work | Type of Degree Received |
|---|-------------------|------------------------|-----|---|----------|-------------------------|-------------------------|
| | | From: | To: | | | | |
| High School | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| College(s) University (s) | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Graduate or Professional | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Other educational, vocational school, internships, etc. | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

Special training programs and seminars you have completed in the last five years (list):

References, please list persons not related to you:

| | NAME | ADDRESS | PHONE | RELATIONSHIP | YEARS KNOWN |
|---|------|---------|-------|--------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Membership in professional, honorary, or technical societies (list):

DO NOT COMPLETE THIS BLOCK

DEGREES AND PROFESSIONAL CREDENTIALS

- Have been verified
- Will be verified within 90 days

Person Responsible: _____

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License _____ Number _____ State _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Chauffeur's License _____ Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

During the past 10 years, have you been convicted of, or have you pled guilty or no contest to, a felony offense? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

| | | | | |
|--|--|--|--------------------|---|
| Current or Last Employer: | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: |
| Date Employed (mo/yr) | Starting Salary \$ _____ per | Ending or Current Salary \$ _____ per | Reason for Leaving | May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Date Separated (mo/yr) | List major duties in order of their importance in the job: | | | |
| Full Time Years Months | | | | |
| Part Time Years Months | | | | |
| If part time, number of hours worked per week: | | | | |

| | | | | |
|--|--|--|--------------------|------------------------|
| Employer: | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: |
| Date Employed (mo/yr) | Starting Salary \$ _____ per | Ending or Current Salary \$ _____ per | Reason for Leaving | |
| Date Separated (mo/yr) | List major duties in order of their importance in the job: | | | |
| Full Time Years Months | | | | |
| Part Time Years Months | | | | |
| If part time, number of hours worked per week: | | | | |

| | | | | |
|--|--|--|--------------------|------------------------|
| Employer: | | Address: | | |
| Job Title: | | Supervisor's Name | Telephone Number | No. Supervised by you: |
| Date Employed (mo/yr) | Starting Salary \$ _____ per | Ending or Current Salary \$ _____ per | Reason for Leaving | |
| Date Separated (mo/yr) | List major duties in order of their importance in the job: | | | |
| Full Time Years Months | | | | |
| Part Time Years Months | | | | |
| If part time, number of hours worked per week: | | | | |

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed) Date