

## Sparhawk Trucking, Inc. 421 25<sup>th</sup> Avenue North Wisconsin Rapids, WI 54495 715-423-0380

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. PI 90-202 prohibits discrimination because of age.

## PLEASE PRINT PLAINLY AND COMPLETE ALL BLANKS

				e-ma	11
Name					Phone
L	ast	First	Middle		Area Code – Number
Present Addres	· c				How Long?
Tresent Addres	Street	City	State&Zip		How Long?
Address for past					How Long?
Five years	Street	City	State&Zip		
-	Street	City	State&Zip		How Long?
	Succi	City	State&Zip		
POSITON APPLI	ED FOR				
IN CASE OF AN	EMERGENCY, NO	TIFYNa			
		Nai	me	Address	Phone
					William Control
HAVE YOU WO	RKED FOR THIS C	OMPANY BEFOR	E?WH	IEN?	
					YOU START
WHO REFFERRE	ED YOU?		RATE C	OF PAY EXPECTED	
LIST ANY TRAI	NING OR SCHOOL	S RELATED TO T	HE TRANSPORTA	TION INDUSTRY (	DECISION DRIVING,
MECHANICAL, I	DRIVING, ECT.	~~~			
		ABILITY	TO PERFORM JO	B FUNCTION	
DUDDIC TUE DA	ST TWO (2) VE A	CHAVE VOLLEY	ED TEGTED DOGG	THE OR REPUGED	TO TRUE ON ANIX PRE
					TO TEST ON ANY PRE- ICH YOU APPLIED BUT WERE NOT
HIRED? (Circle	One) Yes No	0			
DO YOU QUALII	FY FOR INTERSTA	TE DRIVING AC	CORDING TO RUL	ES ESTABLISHED	BY THE D.O.T.?
(Circle One)					
DO YOU HAVE 1	THE LICENSES TO	PERFORM THE J	OB? (Circle One)	Yes No	
DO YOU ILLEGA	LLY USE DRUGS	? (Circle One)	Yes No		
CAN YOU MEET	THE ATTENDAN	CE REQUIREMEN	ITS OF THE JOB?	(Circle One) Yes	No
HAVE YOU EVE	R BEEN CONVICT	ED OF A FELON	Y (Circle One) Y	es No	×
				ner than a former emp	ployer or relative)
NAME					
CITY		STAT	E HOW LO	ONG KNOWN HIM IT	/HER
TEPET TIONS		LACI	OF THE POST MEN	* included the same	

## EMPLOYMENT RECORD FOR PAST 10 YEARS

Begin with your present or most recent job and work backward in order, listing your employers for at least 10 years, including all full and part-time employment. All time must be accounted for including military service, self employment and periods of unemployment. Use supplementary sheet if necessary.

CURRENT EMPLOYER: NAME			SUPERVISOR
MAY WE CALL YOUR CURRENT EMPLOYER TO VERIFY	ENPLOYMENT? YES	_ NO	
ADDRESS			_ TELEPHONE
ADDRESS Street POSITION HELD	FROM	State & Zip Code TO	RATE OF PAY
TOTAL NUMBER ACCIDENTS			
**			
SECOND LAST EMPLOYER: NAME	************		SUPERVISOR
ADDRESS Street			TELEPHONE
POSITION HELD		State & Zip CodeTO	RATE OF PAY
TOTAL NUMBER ACCIDENTS			
à			
THIRD LAST EMPLOYER: NAME		***	_ SUPERVISOR
ADDRESSStreet	···		TELEPHONE
POSITION HELD		State & Zip CodeTO	RATE OF PAY
TOTAL NUMBER ACCIDENTS	NI	IMBER OF PREVENTABLE ACCI	DENTS
FOURTH LAST EMPLOYER: NAME			CHREDITEOD
ADDRESSStreet	City	State & Zin Code	TELEPHONE
POSITION HELD	FROM		RATE OF PAY
TOTAL NUMBER ACCIDENTS	NI	UMBER ∕OF PREVENTABLE ACCI	DENTS
FIFTH LAST EMPLOYER: NAME		****	SUPERVISOR
ADDRESS			TELEPHONE
Street POSITION HELD	City FROM	State & Zip Code TO	TELEPHONE RATE OF PAY
ADTAL NUMBER ACCIDENTS	N	UMBER OF PREVENTABLE ACCI	DENTS

es commune and a .	Driving E	Experience		7670 - 2 2222 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Class of Equipment	Type of Trailer	Dates		Approximate miles
**************************************		FROM	то	
Straight Truck			3-1400	101111111111111111111111111111111111111
Diesel Tractor & Semi-Trailer				
Gas Tractor & Semi-Trailer				
Other				
Did you receive any safe driving		If yes, from which	ease list end	
Level	Educa			
_evei	Name of School	City	Course	Did you Graduate?
High School		Oity	Ourse	Diu you Graduate r
College				
Other				
List any special courses or skil	Is acquired:			
ist all involvement with truck and	Accident Re car including property d	ecord damage for past five	/e vears - pre	ventable and non
Accident Type	Date	Vehicle type	Fatalities	Injuries / Damage \$
		ige 3		

## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (IF NONE WRITE NONE) Truck or Car (other than parking violations)

DATE	CHARGE		PENALTY		
*	 				
		. •		Ì	
CHECK BELOW STATE	IN WHICH YOU HAVE OPERAT	ED A COMMERC	IAL VEHICLE FOR T	HE LAST TEN YEARS	
EAST:	MIDWEST:	WEST:		COLUMN.	
CONNECTICUT DELAWARE MAINE MARYLAND MASSACHUSET NEW HAMPSHID NEW JERSEY NEW YORK PENNSYLVANL RHODE ISLAND VERMONT  NAME: LAST	II.LINOIS INDIANA IOWA KANSAS TS MICHIGAN RE MINNESOTA MISSOURI NEBRASKA A NORTH DAKO	TA	ARIZONA CALIFORNIA COLORADO IDAHO MONTANA NEVADA NEW MEXICO OKLAHOMA OREGON TEXAS UTAH MIDDLE	SOUTH:  ALABAMA ARKANSAS FLORIDA GEORGIA KENTUCKY LOUISIANA MISSISSIPP N. CAROLI S. CAROLI TENNESSE VIRGINIA DATE:	
DATE OF BIRTH:/	SOCIAL SECUE	RITY NUMBER: _			
į	LIST ALL DRIVER LICE	nses held in t	HE PAST 3 YEARS		
STATE	LICENSE # 	TYPE	EXI   	XPIRATION DATE	
		<u> </u>			
) 	Í I I	\			
THIS CERTIFIES THAT T NFORMATION IN IT AR	THIS INFORMATION WAS COM RE TRUE AND COMPLETE TO T	PLETED BY ME, THE BEST OF MY	AND THAT ALL EN KNOWLEDGE.	TRIES ON IT AND	
(DATE)		(APPLICANT'S	SIGNATURE)	<del></del>	