EPS LOGISTICS

EPS LOGISTICS COMPANY

Application for Employment

All applicants will receive consideration without regard to race, color, religion, sex, national origin, age, marital or veteran status, non-disqualifying disability, or any other legally protected status.

This application is valid for only 45 days.
To be considered for employment after that time this application must be renewed in writing.

DATE OF APPLICATION _____

POSITION APPLIED FOR	_____	**LOCATION**	_____

PERSONAL

Last Name | First Name | Middle Name | Social Security Number

Mailing Address

City | State | Zip code

Street Address (If different than mailing address)

City | State | Zip code

Email Address:

Are you legally authorized to work in the U.S. on an unrestricted basis? (Proof of U.S. citizenship or legal work authorization will be required upon employment.) ☐ Yes ☐ No

Are you at least 18 years old? ☐Yes ☐ No

Do you have relatives working for us? ☐Yes ☐ No
Name: Relationship:

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment.) ☐ Yes ☐ No
If yes, please explain:

Phone
Home _____
Cell _____
Business _____
Ext.# _____

May we contact you at work? ☐Yes ☐No

Best time to call? Anytime ☐
Before _____
After _____

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	MAJOR / MINOR	No. of yrs. completed	GPA	Degree or Certification
High School					Diploma ☐Yes ☐ No GED ☐Yes ☐ No
Undergraduate College					
Graduate College					
Vocational					
Other					

WORK INFO

Type of employment desired:
(Check all that apply) ☐ Full-time Work ☐ Part-time Work ☐ Temporary ☐ Summer School Break ☐ Educational Co-op

Have you ever applied for employment with us? ☐ Yes ☐ No If yes, in what Month/Year?

Have you ever worked with us? ☐ Yes ☐ No If yes, in what Month/Year?

Are you able to meet the attendance requirement of this position? ☐ Yes ☐ No

Will you travel out of town if job requires it? ☐ Yes ☐ No

Will you relocate if job requires it? ☐ Yes ☐ No

Will you work overtime if asked? ☐ Yes ☐ No

Will you work shift work? ☐ Yes ☐ No

Are you currently employed? ☐Yes ☐ No

Are you on lay-off and subject to recall? ☐ Yes ☐ No

What hourly wage do you require?

When will you be available to begin work?

FILL IN ALL SECTIONS. DO NOT STATE "SEE RESUME"!

EMPLOYMENT	Please give accurate and complete full-time employment data for at least the last 3 years. **Start with your current or most recent employer**. DO NOT EXCLUDE ANY EMPLOYER.

CURRENT OR LAST EMPLOYER

Company Name		Telephone (Include Area code)
Street or P.O.Box	City / State/Zip Code	May we contact this employer? ☐Yes ☐No
Supervisor's Name	Supervisor's Title	Dates Employed From: (Mo/Day/Yr) _____ To: (Mo/Day/Yr) _____
Supervisor's Work Phone #	Supervisor's Home Phone #	
Job Title		
Job Duties		Hourly Rate (or) Salary Starting $ _____ Ending $ _____
		Reason for Leaving:

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Company Name		Telephone (Include Area code)
Street or P.O.Box	City / State/Zip Code	May we contact this employer? ☐Yes ☐No
Supervisor's Name	Supervisor's Title	Dates Employed From: (Mo/Day/Yr) _____ To: (Mo/Day/Yr) _____
Supervisor's Work Phone #	Supervisor's Home Phone #	
Job Title		
Job Duties		Hourly Rate (or) Salary Starting $ _____ Ending $ _____
		Reason for Leaving:

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Company Name		Telephone (Include Area code)
Street or P.O.Box	City / State/Zip Code	May we contact this employer? ☐Yes ☐No
Supervisor's Name	Supervisor's Title	Dates Employed From: (Mo/Day/Yr) _____ To: (Mo/Day/Yr) _____
Supervisor's Work Phone #	Supervisor's Home Phone #	
Job Title		
Job Duties		Hourly Rate (or) Salary Starting $ _____ Ending $ _____
		Reason for Leaving:

FILL IN ALL SECTIONS. DO NOT STATE "SEE RESUME"!

EMPLOYMENT	Please give accurate and complete full-time employment data for at least the last 3 years. **Start with your current or most recent employer**. DO NOT EXCLUDE ANY EMPLOYER.

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Company Name

Telephone (Include Area code)

Street or P.O.Box City State/Zip Code

May we contact this employer? ☐Yes ☐No

Supervisor's Name | Supervisor's Title

Supervisor's Work Phone # | Supervisor's Home Phone #

Dates Employed
From: (Mo/Day/Yr) _____
To: (Mo/Day/Yr) _____

Job Title

Hourly Rate (or) Salary
Starting $ _____ Ending $ _____

Job Duties

Reason for Leaving:

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Company Name

Telephone (Include Area code)

Street or P.O.Box City State/Zip Code

May we contact this employer? ☐Yes ☐No

Supervisor's Name | Supervisor's Title

Supervisor's Work Phone # | Supervisor's Home Phone #

Dates Employed
From: (Mo/Day/Yr) _____
To: (Mo/Day/Yr) _____

Job Title

Hourly Rate (or) Salary
Starting $ _____ Ending $ _____

Job Duties

Reason for Leaving:

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Company Name

Telephone (Include Area code)

Street or P.O.Box City State/Zip Code

May we contact this employer? ☐Yes ☐No

Supervisor's Name | Supervisor's Title

Supervisor's Work Phone # | Supervisor's Home Phone #

Dates Employed
From: (Mo/Day/Yr) _____
To: (Mo/Day/Yr) _____

Job Title

Hourly Rate (or) Salary
Starting $ _____ Ending $ _____

Job Duties

Reason for Leaving:

SKILLS

Please check the appropriate box that reflects your skill level. If you have any training & certification for the following skills, please provide copies of certification cards.

B = Basic I = Intermediate A = Advanced
C = Certified N = None
Leave blank if not applicable

COMPUTER

	B	I	A	N
Microsoft Word	☐	☐	☐	☐
Microsoft Excel	☐	☐	☐	☐
Microsoft Access	☐	☐	☐	☐
Microsoft PowerPoint	☐	☐	☐	☐
Other: (Please List)				
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

ADDITIONAL TRAINING

	B	I	A	C
PPE Training	☐	☐	☐	☐
Fire Training	☐	☐	☐	☐
Hazwoper	☐	☐	☐	☐
DOT HM 126	☐	☐	☐	☐
Other: (Please List)				
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

TRADES

	B	I	A	C
Tankerman	☐	☐	☐	☐
Rigger	☐	☐	☐	☐
Roustabout	☐	☐	☐	☐
Welding/Fabrication	☐	☐	☐	☐
Industrial Mechanic	☐	☐	☐	☐
Electrical	☐	☐	☐	☐
Carpenter	☐	☐	☐	☐
Drafting	☐	☐	☐	☐
Other: (Please List)				
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

MOBILE EQUIPMENT

	B	I	A	C
Fork Lift	☐	☐	☐	☐
Crane	☐	☐	☐	☐
Front End Loader	☐	☐	☐	☐
CDL				☐
Other: (Please List)				
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

GENERAL

	B	I	A	C
Dispatcher	☐	☐	☐	☐
Other: (Please List)				
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

ARMED FORCES

Have you ever served in the U.S. Armed forces?
☐ Yes ☐ No

Branch of Service:

Specialized Training:

Rank at Discharge:

PERSONAL REFERENCES

NAME/ADDRESS	TELEPHONE	How does this person know you? (i.e. teacher, friend, etc.)
1. Name Street Address City State/Zip Code	Home _____ Work _____	
2. Name Street Address City State/Zip Code	Home _____ Work _____	
3. Name Street Address City State/Zip Code	Home _____ Work _____	

APPLICANT'S CERTIFICATION & AGREEMENT

I certify that all information provided on this application and any accompanying forms is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts in this application or interview(s) is cause for not considering me further for this or any other job and dismissal if falsified information is discovered after employment. I authorize investigation of all statements contained in this application and I authorize you to contact any and all of my previous employers. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice and that no representative of this company has the authority to make assurances to the contrary. I understand that the job duties and responsibilities, and hours of work may change as business conditions warrant. I also understand that as a condition of my employment, I may be required to pass an employment physical and/or a drug test, and that if employed, I understand that I may at any time be required to submit to a job related physical, urinalysis, drug and/or alcohol tests, and/or other examination or search as a condition of my continued employment. My typed signature, if this is an electronic submission, shall be considered a valid signature.

Signature Date

Applicant Recruiting Data

The following equal opportunity data is used solely to help us comply with government record keeping, reporting, and other legal requirements. This job referral data is used to help us assess our recruiting efforts.

This sheet will be removed from your Application for Employment and maintained in a separate file for government reporting purposes only. This information will not be used in any hiring decision. All applicants will receive the same consideration without regard to race, religion, sex, national origin, age, marital or veteran status, non-disqualifying disability, or any other legally protected status. Your cooperation is voluntary.

DATE OF APPLICATION _____

POSITION APPLIED FOR _____ LOCATION _____

NAME _____ SOCIAL SECURITY NO _____
Last First M.I.

EQUAL OPPORTUNITY	SEX: ☐ Male ☐ Female		
	RACE/ETHNIC GROUP: (Check One)	☐ American Indian or Alaskan Native	☐ Hispanic
		☐ Black (Not of Hispanic origin)	☐ Asian or Pacific Islander
		☐ White (Not of Hispanic origin)	
	DATE OF BIRTH _____	AGE: _____	
	DISABILITY: Do you have any job related disabilities that may require special accommodation? ☐Yes ☐ No If Yes, explain: _____		
	CITIZENSHIP: ☐United States (USA) ☐ Other – Specify _____		
	VETERAN: ☐ Yes ☐ No Dates of Service _____ to _____	☐ Disabled Veteran ☐ Vietnam Era Veteran (served between 1964-1975)	
	PROGRAM ELIGIBILITY: Have you already qualified as eligible to participate in a government-subsidized program? ☐Yes ☐ No		
	If yes, which one(s)		
REFERAL SOURCE	☐ Referred by E.P.S. employee(s):		
	☐ State Employment Office (Job Service):		
	☐ Private Employment Agency:		
	☐ Newspaper(s):		
	☐ Professional Journal(s):		
	☐ School Placement Office:		
	☐ Radio/TV:		
	☐ Other:		
	☐ Walk-in		
	☐ E.P.S. Web Site		

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that EPS may now, or at any time while you are employed, conduct a verification of your education, previous employment/work history, credit history, workers' compensation injuries, motor vehicle records, contact personal references, require that you provide a urine specimen, or blood specimen, to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county/parish, or local criminal justice agency and/or other information as deemed necessary to fulfill the job requirements. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or any other applicable federal or state laws. The results of this verification process will be used to determine employment eligibility under EPS employment policies. I authorize EPS and/or any of its agents/designated company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of EPS All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide EPS and/or its designated agents with any information that is requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

*I do hereby agree to forever release and discharge **EPS LOGISTICS**, our **designated** agent and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the background report.*

IMPORTANT: PLEASE TAKE EXTRA CARE TO MAKE YOUR ENTRIES VERY CLEAR AND EASY TO READ

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for employment consideration and/or any other purpose.

NAME TYPED OR PRINTED	SIGNATURE
MAIDEN AND/OR FORMER NAME	SOCIAL SECURITY NUMBER
DRIVER'S LICENSE NUMBER STATE	DATE OF BIRTH
NAME THAT YOUR DL# IS UNDER	MAY WE CONTACT YOUR PRESENT EMPLOYER YES ☐ NO ☐
HOME TELEPHONE NUMBER	TODAY'S DATE

CURRENT ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG?
FORMER ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG?
FORMER ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG?

PLEASE LIST BELOW ALL OTHER CITIES AND STATES THAT YOU HAVE RESIDED IN THE PAST SEVEN (7) YEARS: