

APPLICATION FOR EMPLOYMENT

Champion Services, LLC – A Full Logistics Company :: Email: ralphsr@chmpn.com :: Fax: 856.225.1348

Applicant must read and sign before submitting this application.

Name: _____ Home Phone # _____
(Full)

Date of Birth: _____ Social Security No.: _____ Other Phones: _____

Current Address: _____
(Street) (City) (Zip)

If applicant has lived at any other addresses other than current within the past 3 years, please list.

Address: _____ How Long? _____
(Street) (City) (Zip)

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(ATTACH SHEET IF MORE SPACE IS NEEDED FOR ADDRESSES)

Position Applied For: _____ Temporary or Permanent: _____

Have you worked for this company before? _____ If yes, where? _____

Dates: From _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Do you know any relatives working for this company? _____

Are you employed currently? _____ If not, how long since leaving last job? _____

Who referred you? _____ Rate of pay expected? _____

Are there any reasons you might not be able to perform the functions of the job for which you have applied? If yes, explain.

General

Have you ever been bonded? _____ Name of bonding company? _____

Have you ever been convicted of a felony? _____ If yes, please explain in full. A conviction of a crime is not an automatic bar to employment and all circumstances will be considered. _____

Have you ever been known by any name other than the one on this application? _____ Yes? _____ No?

If so, under what name? _____

Education

Circle highest grade completed for each.

First and Secondary: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College/University: 1 2 3 4

Employment Record

Last Employer Name: _____ Phone #: _____

Address: _____
(Street) (City) (State/Zip)

Position Held: _____

Employed From: _____ To: _____ Last Salary: _____

Reason for Leaving: _____ Contact Person: _____

Last Employer Name: _____ Phone #: _____

Address: _____
(Street) (City) (State/Zip)

Position Held: _____

Employed From: _____ To: _____ Last Salary: _____

Reason for Leaving: _____ Contact Person: _____

Last Employer Name: _____ Phone #: _____

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(Street) (City) (State/Zip)

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Employed From: _____ To: _____ Last Salary: _____

Reason for Leaving: _____ Contact Person: _____

(Attach sheet if more space is needed.)

Experiences and Qualifications of Drivers

Driver Licenses held in the past 3 years must be shown.

STATE	LICENCES NUMBER	TYPE	EXPIRATION DATE

Please circle the following that pertains to you.

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes or No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes or No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes or No

If answered 'Yes' to either A, B, or C please explain in detail. _____

(Attach sheet if more space is needed.)

Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Driving Experience

List all of the states operated in over the past 5 years. _____

Any special courses or training that will help you as a driver? _____

Which safe driving awards do you hold, if any, and from whom? _____

Class of Equipment	Type of Equipment (Van, Tank, Flat, Refer, etc.)	Dates (From/To)	Approx. # of Total Miles
Bus			
Truck			
Truck Trailers			
Semi Trailers			
Full Trailers			
Other Trailer			

Other Experience and Qualifications

Courses or Trainer in platform work: _____

List platform equipment you can operate (lift truck, etc.) _____

List types of platform experience and years of each. _____

Federal and State Law prohibit discrimination based on: race, color religion, sex, national origin, age, handicap or marital status. I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

It is agreed and understood that any misrepresentations given shall be considered an act of dishonesty and may result in my dismissal.

It is agreed and understood that the employer or their agents may investigate that applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not, and the applicant releases all employers, schools, and other persons named herein from all liability for damages on account for his/her furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete their employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which he/she may be discharged without recourse to the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant's Signature: _____

Previous Addresses: Part 2

Address: _____ How Long? _____
(Street) (City) (Zip)

Address: _____ How Long? _____
(Street) (City) (Zip)

Address: _____ How Long? _____

Employment Record: Part 2

Last Employer Name: _____ Phone #: _____

Address: _____
(Street) (City) (State/Zip)

Position Held: _____

Employed From: _____ To: _____ Last Salary: _____

Reason for Leaving: _____ Contact Person: _____

Last Employer Name: _____ Phone #: _____

Address: _____
(Street) (City) (State/Zip)

Position Held: _____

Employed From: _____ To: _____ Last Salary: _____

Reason for Leaving: _____ Contact Person: _____

Last Employer Name: _____ Phone #: _____

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