

## An Equal Opportunity Employer

## **Application for Employment**

Please type or print legibly in ink. Please use extra pages as necessary in order to answer fully and completely.

Position Desired:						_ !	Date:		
Salary Desired:									
PERSONAL DATA	A								
Name:(Print) L						Telephon	ne No.:		
(Print) L	.ast			Fi	rst Middle				
Current		1.51				••	<u> </u>	<del></del>	
Address: S	Street and	l Num	ber		C	ity	State	Zip	
Are you 18 years of	f age or o	older?	[ ] Ye	s[]No	If hired, when are	you available to start worl	k?		
This position may re	equire ov	/ertime	e work	c: are v	ou available? Yes 🗆	No □			
This position may re	equire of	CI CIIII	e work	, are y	od dvalidble. Teb 🗖				
If hired, can you pr	esent evi	idence	of yo	ur U.S.	citizenship or proof of your	r legal right to live and wo	ork in this country? Yes	□ No □	
Harra con access or an		h:- C-:			2 Vaa 🗆 Na 🗀 16		- ::k: - :- (-)   h -   d -		
have you ever work	kea for tr	11S COI	mpany	, perore	? Yes \( \simega\) No \( \simega\) If yes	, please give dates and po	osition(s) neia:		
EDUCATION									
School Name Address and City		Years Completed (Circle)			Diploma/Degree/ Certificate Awarded	Describe course of Study or Major	Experience, Skill	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities	
High School	9	10	11	12					
College/University	l l	2	3	4					
Graduate/ Professional	1	2	3	4					
Trade or Correspondence									

## **RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your last four employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service. Use additional pages if needed to provide complete information. Present or Last Employer **Employed** Your Title or Position and Job Duties From: (mo/yr) To (mo/yr) Address City, State, Zip Code Name and Title of Last Supervisor Telephone Reason for Leaving Previous Employer **Employed** Your Title or Position and Job Duties From: (mo/yr) To (mo/yr) Address City, State, Zip Code Name and Title of Last Supervisor Telephone Reason for Leaving **Employed** Previous Employer Your Title or Position and Job Duties From: (mo/yr) To (mo/yr) Address City, State, Zip Code Name and Title of Last Supervisor Telephone Reason for Leaving **Previous Employer** Your Title or Position and Job Duties **Employed** From: (mo/yr) To (mo/yr) Address City, State, Zip Code Name and Title of Last Supervisor Pav Telephone Reason for Leaving May we contact your current employer? Yes □ No □ If No, please explain: \_\_\_\_\_ PREVIOUS EXPERIENCE Please indicate any actual experience, special skills (including language skills), or training that you feel is relevant to the position for which you are applying: \_ Please list any professional attainments, professional society memberships, honors, awards, patents (granted and pending) and licenses that you feel are relevant to the position for which you are applying: \_\_\_ Are you able to perform the essential functions of the job? Yes  $\square$  No  $\square$ 

## Please read carefully, initial each paragraph and sign below.

Persons employed at Central Valley Auto Transport, Inc. ("Company") have access to confidential information regarding various phases of the Company business. Therefore, the Company follows the practice of requiring new employees, at the time of employment, to sign a proprietary information and conflict of interest agreement. Information concerning competitors' operation, products, designs or other proprietary information will not be solicited from an application for employment, or from the Company's employees. Central Valley Auto Transport, Inc. will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer. Offers of employment may be made contingent on passing a medical examination and the receipt of a satisfactory background check and references.
I certify that the information provided herein is correct to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge. I authorize the references and contacts I have provided to provide you with any and all relevant information, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing the same to you. In consideration of my employment, I agree to conform to the rules and regulations set forth by Central Valley Auto Transport, Inc.
I understand that each employee of Central Valley Auto Transport, Inc. is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

Date:\_\_\_\_\_