

APPLICATION FOR EMPLOYMENT

3405 N 1st Ave. Tucson, AZ 85719. <u>Phone</u>: (520) 622-6222, Email: <u>fb.trnsus@gmail.com</u>, <u>Website</u>: <u>www.fbtrnsusa.com</u>

PERSONAL INFORMATIC)N	DATE OF APPLICAITON	
NAME			
First	Last	Middle	
ADDRESS			
Street	City	State	Zip
TELEPHONE NUMBER ()		
EMERGENCY CONTACT_			
	Name	Address	Telephone
GENERAL:			
Are you currently autho	rized to work in th	ne U.S.?	□ No
If hired, can you furnish	a proof that you a	are 18 years of age or older? 🛛 Yes	2 No
IF YOU WISH TO BE COM QUESTIONS:	ISIDERED FOR PO	SITIONS THAT REQUIRE DRIVING,	PLEASE ANSWER THESE
license(s) and which sta	te(s)?	cted driver's license(s)? 🛛 Yes 🛛	No If yes, what class of
		olations within the last two years?	🗆 Yes 🗖 No
If yes, please explain:			
Have you ever had auto	insurance denied	or canceled?	
□ Yes □ No If yes, p	lease explain:		
Have you ever been den	ied a license, peri	mit or privilege to operate a motor	vehicle? 🗆 Yes 🛛 No
If yes, please explain:			
Have you ever been con	victed of a felony	or misdemeanor? Yes	□ No
If yes, please describe:			
EMPLOYMENT DESIRED)		
Position		Date you can start: Salary/w	vage desired:
Are you currently emplo	oyed? 🗆 Yes	□ No	



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EDUCATION: Please describe secondary and post-secondary, courses and training which contributed to your work-related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed

Institution	Location	No. of Years	Area of study/course	Did you graduate?

Special skills related to the position that you are applying to: _____

List any professional license or certificates relevant to this position:

Have you ever worked in a position similar to the one for which you are applying? \Box Yes \Box No if yes, explain

If experienced in using tools or equipment which might be helpful on this job please provide details, including issuing authority and any license or other numbers

Where have you gained this experience?

FORMER EMPLOYERS: List below the last three employers, starting with your most recent one.

Date (month &	Employer's Name, Address, Phone number,	Salary	Position	Reason for leaving
Year)	and supervisor			
From:				
То:				
From:				
То:				
From:				
То:				

May we contact the employers you listed above?
Yes No If no, please explain



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REFERENCE: List three persons not related to you, whom you have known at least for one year

Name, Address, and phone No.	Relationship	Years Acquainted

ACCIDENT RECORD (if none, write none): _____

Date	Type of vehicle	Nature of Accident (Head- on, Rear-end, upset, etc.)	Were you at fault?	Were you ticketed?	Number of fatalities	Number of Injuries	Amount of property Damage

TRAFIC CONVICTIONS (if none, write none): _____

List traffic convictions for the past 5 Years (any other than parking violations)

Date	Location (state)	Violation (if speeding, show rate of speed)	Penalty



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ACCKNOWLEDGEMENT

Applicant's Cignatura

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal. I authorize Valley Oasis Special Transportation Services, Inc. for investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal attachments or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

F&B Transportation Services, LLC. is an equal opportunity Employer and does not discriminate in the basis of race, religion, sexual orientation, national origin, disability or veteran status. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time by me or the employer without any prior notice. I understand that any company manuals, employee handbooks or statements of policy or procedure, which now exist or which may hereafter be in force, do not and will not constitute a contract of employment.

Data

	_ Date	
OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE		
Interviewed By	Date	_
Hired? 🗆 Yes 🗆 No		
If yes, Position	-	
Department	_	
Date reporting to work		
Special Remarks (if any):		-
Approved by:		-
Manager	Date	