

EMPLOYMENT APPLICATION

Swiftships, LLC makes all personnel decisions, including hiring, on job related factors such as skill, ability, reliability and productivity. Swiftships does not discriminate on the basis of age, race, sex, color, creed, national origin, sexual orientation or disability.

Instructions: Complete all sections of this application. Applications are considered for a six (6) month period. If you wish to be considered after six (6) months from the date of your application, please reapply. Do not fill in shaded areas. Please do not include information not relevant to your ability to perform work such as political affiliations, age, race, sex, nation origin, non-job related disability or union affiliation, etc.

APPLICANT INFORMATION						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available		Social Security No.		Desired Salary		
Position Applied for			If offered a job, when could you begin?			
Are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Please note: Upon hire, you must provide proof of identity and employment eligibility in accordance with the Immigration Reform and Control Act.						
EDUCATION						
High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references we may contact.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

Licenses	If you have any license related to the job you are seeking, please indicate:			
	Type:	State:	Year	Number
	Is your license current? YES <input type="checkbox"/> NO <input type="checkbox"/>			Verified by:
Certifications	If you have any certificates related to the job you are seeking, please indicate:			
	Type	State:	Year	Number
	Is your certification current? YES <input type="checkbox"/> NO <input type="checkbox"/>			Verified by:

SKILLS

Please list any of your skills/experience that may be useful in evaluating you for a position

Technical Skills	Most jobs in our company require the use of technical skills such as the use of computers. Please list skills that you have that are pertinent to the position for which you are applying and give some indication of your skill level.	
Languages	Some of our clients may speak languages other than English. If you speak more than one language please list and tell how well you speak and understand it.	
Office Skills	If the job you are applying for requires the use of office skills, list your skills and how well you perform them. For example if you type, list "typing" and how many words per minute you type.	
Other Skills	If you have other skills that are not evident from you schooling or previous employment, please list.	

PREVIOUS EMPLOYMENT

Please list your employers beginning with the most current employment.
Do not leave any gaps. If necessary, attach additional sheets.

PLEASE COMPLETE THIS SECTION EVEN IF RESUME IS SUBMITTED.

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
How were you referred to us? New paper <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/>			
<input type="checkbox"/> Employee Referral – Name _____			
<input type="checkbox"/> Other _____			

EXPERIENCEAre you currently employed? YES NO If yes, please give the name and address of your current employer. _____
_____May we contact your current employer? YES NO Have you ever served in the Armed Forces of the United States? YES NO

If yes, state: Branch _____ Date entered _____ Date discharged _____

Rank or Rate _____ Service schools or special experience _____

Reserve or National Guard status: _____

Are you at least 18 years old? YES NO Have you ever been fired or asked to resign from a job? YES NO Explain: _____
_____**Complete this section only if you have ever been convicted of a felony or misdemeanor.**

List every felony conviction with date and jurisdiction. List all other convictions involving assault, arson, unlawful restraint, burglary, robbery, forgery, and any other convictions for offenses against person or property. Do not include convictions for summary offenses. It is your responsibility to ensure that all convictions requested above are properly reported. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. List any circumstances that you believe should be considered.

DISCLAIMER AND SIGNATURE

Is there any reason you may not be able to work on a regular basis or report to work on time?

Yes NO (If Yes, Explain): _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____