



EMPLOYMENT APPLICATION

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 203 602-9980 • Fax: 203 569-3153
 INFO@TOPTRANSPORTATION.COM

PERSONAL

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|---|---|---|---|---|--------|-----------|
| PLEASE PRINT | | | | | DATE: | |
| LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | | |
| NO. & STREET: | | APARTMENT: | CITY: | | STATE: | ZIP CODE: |
| HOME PHONE: | CELL PHONE: | | PAGER: | | EMAIL: | |
| SOCIAL SECURITY NUMBER: | DRIVERS LICENSE NO.: | | DRIVERS LICENSE STATE OF ISSUE: | DRIVERS LICENSE CLASS: | | |
| DATE OF BIRTH: | ARE YOU OF THE LEGAL AGE TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YOU ARE NOT A U.S. CITIZEN, ENTER THE TYPE OF VISA AND THE NUMBER WHICH VERIFIES YOUR RIGHT TO BE EMPLOYED IN THE UNITED STATES: TYPE OF VISA: _____ VISA NUMBER: _____ | | | | |
| POSITION APPLIED FOR: | | TYPE OF EMPLOYMENT DESIRED? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (SPECIFY HOURS) | | ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| DATE ON WHICH YOU CAN START: | | HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, WHEN? | | |
| <p>CONNECTICUT APPLICANTS: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased. Criminal records subject to erasure are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolleprosequi (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal record has been erased is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and y so swear under oath.</p> <p>NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however be considered.</p> | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (INCLUDE CONVICTIONS BY MILITARY COURTS) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | IF YES, FOR EACH CONVICTION INDICATE DATE OF CONVICTION, NATURE OF CHARGE AND SENENCE RECEIVED: | | | |
| HAVE YOU EVER INITIATED AN ACT OF VIOLENCE IN THE WORKPLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | IF YES, PLEASE EXPLAIN SO THAT INDIVIDUALT CIRCUMSTANTCES CAN BE CONSIDERED. (A YES ANWSER WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT) | | | |
| LIST HANDICAPS, HEALTH PROBLEMS OR PRIOR WORK INJURIES THT SHOULD BE CONSIDERED IN JOB PLACEMENT: | | | | | | |
| HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? | | | IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?

Yes

No

ARE YOU CURRENTLY SERVING AS A RESERVIST?

Yes

No

IF YES, WHICH BRANCH?

ARMY

FROM: _____ TO: _____

NAVY

FROM: _____ TO: _____

AIR FORCE

FROM: _____ TO: _____

MARINES

FROM: _____ TO: _____

COAST GUARD

FROM: _____ TO: _____

NATIONAL GUARD

FROM: _____ TO: _____

AIR GUARD

FROM: _____ TO: _____

EDUCATION

| SCHOOL NAME, & ADDRESS | FROM: | TO: | NO. OF YEARS COMPLETED: | DID YOU GRADUATE? | DID YOU EARN A DEGREE/DIPLOMA? |
|------------------------|-------|-----|-------------------------|-------------------|--------------------------------|
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EMPLOYEMENT HISTORY

| NAME, ADDRESS, PHONE NUMBER OF COMPANY AND TYPE OF BUSINESS | FROM | | TO | | WEEKLY STARTING SALARY | WEEKLY LAST SALARY | REASON FOR LEAVING | NAME OF SUPERVISOR | DESCRIBE THE WORK YOU DID: |
|---|--------|--------|--------|--------|------------------------------|--------------------------|--------------------|--------------------|-------------------------------|
| | M O | Y R | M O | Y R | | | | | |
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I HEREBY GIVE PERMISSION TO CONTACT THE EMPLOYERS LISTED ABOVE CONCERNING MY PRIOR WORK EXPERIENCE.

SIGNED: _____

DATE: _____

IF THERE IS A PARTICULAR EMPLOYER(S), YOU DO NOT WISH US TO CONTACT, PLEASE INDICATE WHICH ONES:



EMPLOYMENT APPLICATION

IMPORTANT! PLEASE READ AND SIGN

Top Transportation LLC, policy prohibits discrimination in employment based on race, color, religion, sex, national origin, physical handicap; or with respect to individuals who are at least 18 years of age.

I certify that all the information on this application or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment, or if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT. I ACKNOWLEDGE THAT IF HIRED BY TOP TRANSPORTATION LLC, EMPLOYMENT IS ON AN AT-WILL BASIS, THIS MEANS THAT TOP TRANSPORTATION LLC IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME, SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH THE TOP TRANSPORTATION LLC, AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAYBE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVES OF TOP TRANSPORTATION LLC AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF TOP TRANSPORTATION LLC, AND I UNDERSTAND THAT THE TOP TRANSPORTATION LLC, AND I UNDERSTAND THAT TOP TRANSPORTATION LLC, HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMNET AT-WILL.

I authorize Top Transportation LLC, or its agents to confirm all statements contained in this application as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete a requisite authorizations forms fro the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to Top Transportation LLC, or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I have as a result of the delivery or disclosure of the above requested information. I hereby release from liability, Top Transportation LLC and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information. If hired by Top Transportation LLC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand that Top Transportation LLC employs only individuals who are legally eligible to work in the United States.

APPLICATION SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

| BACKGROUND CHECK | DMV CHECK | INS CHECK | SSA CHECK | SA TEST |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> By DATE: | <input type="checkbox"/> By DATE: | <input type="checkbox"/> By DATE: | <input type="checkbox"/> By DATE: | <input type="checkbox"/> By Date: |
| POSITION | RATE | HIRE DATE | | |

NOTES:

