

Greg Holland, Inc.

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PRE-EMPLOYMENT APPLICATION

DATE: _____

PERSONAL INFORMATION:

NAME _____
(LAST, FIRST, MIDDLE)

ADDRESS _____
(STREET) (CITY) (STATE, ZIP)

SOCIAL SECURITY # _____ PHONE _____

EMPLOYMENT DESIRED:

POSITION _____ SALARY DESIRED _____
WHEN CAN YOU START _____ EVER APPLIED BEFORE _____

SCHOOL EXPERIENCE:

HIGH SCHOOL _____
(NAME AND LOCATION)
YEARS ATTENDED _____ DID YOU GRADUATE _____

COLLEGE _____
(NAME AND LOCATION)
YEARS ATTENDED _____ DID YOU GRADUATE _____

TRADE, BUSINESS,
VOCATIONAL _____
(NAME AND LOCATION)
YEARS ATTENDED _____ DID YOU GRADUATE _____

QUALIFICATIONS:

DRIVER'S LICENSE # _____ STATE ISSUED BY _____
TYPE _____ EXPIRATION DATE _____

EXPERIENCE:

<u>CLASS OF EQUIPMENT</u>	<u>DATES – FROM/TO</u>	<u>NO. OF MILES</u>
DUMP TRUCK	_____	_____
FLAT TRUCK	_____	_____
TRACTOR TRAILER	_____	_____

EMPLOYMENT HISTORY:

EMPLOYER NAME _____
ADDRESS _____
PHONE _____ FROM _____ TO _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

EMPLOYER NAME _____
ADDRESS _____
PHONE _____ FROM _____ TO _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

EMPLOYER NAME _____
ADDRESS _____
PHONE _____ FROM _____ TO _____
POSITION _____ SALARY _____
REASON FOR LEAVING _____

ANY ACCIDENTS, TRAFFIC CONVICTIONS, OR FORFEITURES IN THE PAST 3 YEARS _____
IF YES, PLEASE GIVE DETAILS _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____
Has any license, permit, or privilege ever been suspended or revoked? _____
If yes, please give specific details _____

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.

SIGNATURE

DATE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.