

STATEWIDE HAULING LLC

P O Box 926, Thorsby Al. 35171

EMPLOYMENT APPLICATION

Date:	Cell #:	Phone:
Full Name:		
Address:		
City:	State:	Zip:
Are you legal to work in the United States?		Yes No
Desired Position:	CDL:	Yes No Class:

Present or Previous Employer:	Phone:
Date of Employment:	
Address:	
Job Title:	
Job Duties:	
Reason for Leaving:	Salary:

Past Employer:	Phone:
Date of Employment:	
Address:	
Job Title:	
Job Duties:	
Reason for Leaving:	Salary:

Education	
High School:	Highest Grade Completed:
College:	Highest Degree Completed:
Other Education & Experience:	

Work References			
Name	Address	Phone	Occupation
1.)			
2.)			
3.)			

I HEREBY DECLARE THE ABOVE STATEMENTS ARE TRUE AND I GRANT PERMISSION TO VERIFY REFERENCES.

I ACKNOWLEDGE THAT PRE-EMPLOYMENT DRUG TESTING IS A REQUIREMENT FOR EMPLOYMENT.

Applicant's Signature:

Date: