



# TRICO COMPANIES, LLC

## Employment Application

APPLICANT INFORMATION - DATA			How were you referred to us:		
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					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, 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?	
Are you a member of a Union?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which/Local#	
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	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	



PREVIOUS EMPLOYMENT										
Company				Phone		( )				
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Complete List of 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		\$
Complete List of 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		\$
Complete List of 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		\$
Complete List of Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				



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	\$
Complete List of 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"/>				
<b>MILITARY SERVICE</b>									
Branch					From	To			
Rank at Discharge					Type of Discharge				
If other than honorable, explain									



MOTOR VEHICLE- LICENSE INFORMATION							
State		License NO.		Type		Expiration Date	
State		License NO.		Type		Expiration Date	
Please list all states operated in for the last 5 years:							
Please list all Endorsements:							
Have previous jobs been designated as "Safety Sensitive Function" by any DOT regulated mode?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been subject to FMCSA requirement during previous employment?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied a license, permit or privilege to operate a motor vehicle?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any license, permit or privilege ever been suspended or revoked?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to either question, please provide details:							
DRIVING EXPERIENCE							
Class of Equipment	__Straight Truck __Tractor and Trailer __Air Brakes __Hazmat						
Type of Equipment	__Van __Tank __Flat __Dump						
Date From:				Date To:			
Approximate Number of Total Miles							
Class of Equipment	__Straight Truck __Tractor and Trailer __Air Brakes __Hazmat						
Type of Equipment	__Van __Tank __Flat __Dump						
Date From:				Date To:			
Approximate Number of Total Miles							
Class of Equipment	__Straight Truck __Tractor and Trailer __Air Brakes __Hazmat						
Type of Equipment	__Van __Tank __Flat __Dump						
Date From:				Date To:			
Approximate Number of Total Miles							
Please Describe any additional Experience:							



**ACCIDENT RECORDS**

*Please list all accidents for the past 3 years.*

Date	Nature of Accident (Head-On, Rear-End, etc.)	Fatalities	Injuries	Hazardous Material Spilled

**TRAFFIC CONVICTIONS**

*Please list all traffic convictions and forfeitures for the past 3 years.*

Date	Location	Charge	Penalty

**DISCLAIMER AND SIGNATURE**

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.

In accordance with 391.25(i) the applicant has the right to view any information provided by previous employers and to have any errors in the information corrected and resubmitted by the previous employer. The applicant has the right to provide a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I acknowledge my rights as of 391.25(i).

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_