BIG AL'S SPECIALTY MOVERS, INC.

APPLICATION FOR EMPLOYMENT

Applicant's Name: _____
(First) (Middle) (Last)

Social Security #: _____

Street Address: _____

City, State, Zip: _____ **How long?** _____

Phone number: _____ **Alternate phone:** _____

PAST ADDRESSES

	Street	City	State & Zip	How long?
1				
2				
3				
4				

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS

Driver License	State	License Number	Birthdate	Type	Expiration Date

I hereby authorize the Department of Licensing to forward my driving record to Big Al's Specialty Movers, Inc.

X _____ _____
Employee/Prospective Employee Signature Date signed (valid 4 mos)

DRIVING EXPERIENCE

	Class of Equipment	Type of Equipment (Van,Tank,Flat,Etc.)	Dates		# of miles (Total)
			From	To	
1	Straight Truck				
2	Tractor/Semi-Trailer				
3	Tractor/2 Trailers				
4	Other:				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

	Dates	Nature of Accident (Head-On,Rear-End,Upset,	Fatalities	Injuries
1				
2				
3				
4				

(Attach sheet if more space is needed)