

**Reliant Transportation, Inc.  
Employment Application Form**



**PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE**

**Please mail completed application to:**  
(PO Box 67009, Lincoln, NE 68506-7009)  
**or email the application to:**  
(Rknaak@Reliant-Transportation.com)  
**Of fax the application to:** (801-459-9197)

**OFFICE USE ONLY:**  
Date received:  
Reviewed by:

**PLEASE COMPLETE PAGES 1-6.** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long at current address? \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you under age 18 \_\_\_\_ YES \_\_\_\_ NO, if "YES", can you provide proof of your eligibility to work? \_\_\_\_ YES \_\_\_\_ NO

Are you currently authorized to work in the United States? \_\_\_\_ YES \_\_\_\_ NO. Proof of eligibility will be required if hired.

Position applied for (1) \_\_\_\_\_  
 and wage desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

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**APPLICATION FOR EMPLOYMENT**

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying?     No     Yes    (a Conviction record will not necessarily disqualify you from employment).

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?    How many? \_\_\_\_\_

Have you had any moving violations during the past three years?    How many? \_\_\_\_\_

Are you a touch typist?     Yes     No

What software applications do you have experience with that may be applicable to the job in which you are applying for? (Be Specific) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak, write or understand any foreign languages?     Yes     No

If yes, which language(s) & how fluent of a speaker do you consider yourself to be? \_\_\_\_\_

Other qualifications such as special skills, abilities, or honors that should be considered? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list two references other than relatives; that have knowledge of your work performance with in the last four years. Please include professional references only.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes    No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From To	Pay or salary  Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    Yes    No

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates  From To	Pay or salary  Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    Yes    No

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May we contact this employer?     Yes     No

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied \_\_\_\_ Yes \_\_\_\_ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

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**Please Read and Initial Each Paragraph**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest that the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including and misstatement) of material fact on this application or any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

\_\_\_\_\_

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving my prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Reliant Transportation, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Owner President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reliant Transportation is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. Your opportunity for employment with Reliant depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.