



500 Idaho Maryland Road
Grass Valley, CA 95945
www.besttrailerinc.com
530.274.2378
Fax: 530.273.7631

Today's Date _____

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)				
CURRENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE #	CELL #	TEXT OK?	REFERRED BY	

EMPLOYMENT DESIRED

POSITION DESIRED		DATE YOU CAN START	DESIRED SALARY
CURRENT EMPLOYED	MAY WE CONTACT YOUR EMPLOYER		EMPLOYER CONTACT#
HAVE YOU APPLIED HERE BEFORE		IF SO WHEN	

EDUCATION HISTORY

HIGH SCHOOL and LOCATION	CLUBS
COLLEGE and LOCATION	MAJOR / MINOR / DEGREE
TRADE SCHOOL and LOCATION	SPECIALIZATION / CERTIFICATION

MILITARY EXPERIENCE / RANK

GENERAL INFORMATION

HOBBIES AND SPECIAL INTERESTS (LIST ANY THAT RELATE TO EMPLOYMENT HERE)
SPECIAL SKILLS / CERTIFICATIONS

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

EMPLOYER	POSITION	SALARY	LENGTH OF EMPLOYMENT

REFERENCES Please provide the names and contact information of three persons, not related to you, whom you have worked with for at least one year.

NAME	YEARS KNOWN	ADDRESS or PHONE NUMBER

Do you have any **experience** with the following and if so, how much time (in weeks).

Welding
Powder Coating
Assembly
Prep Work

"I certify that the facts contained in this application are true and accurate to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of any and all statements contained herein and references and employers listed above, to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws."

Date:	Signature
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For Office Use Only

Interviewed by	Date
NEATNESS, CHARACTER, PERSONALITY, ABILITIES	
INTERVIEWER NOTES	

This information is to be completed when hired

SOCIAL SECURITY NO. _____

HIRE DATE: _____

DOB: _____

FOR USE IN EMERGENCY Please list two contacts

NAME (FIRST, LAST)	PHONE NUMBER	RELATION