EMPLOYMENT APPLICATION

Application Date: ___/___/___

Position applying for:

☐ Driver
☐ Sales
☐ Office
☐ Mechanic
☐ Owner-Operator

_____

First Last Name Middle Initial

Date of Birth: ___/___/___

Social Security #: _____-_____-_____

Street Address*: _____

P.O. Box/Apt. #: _____

City*: _____ State/Province*: _____ Zip/Postal Code*:_____

Home Phone*: _____

E-mail: _____

Do you have 12 or more months of driving experience?*: ☐ Yes ☐ No

How many driving jobs have you held in the last three years?*: _____

Do you have any alcohol related driving violations?*: ☐ No ☐ Yes

Can you consistently deliver on time?*: ☐ Yes ☐ No

Do you have more than three moving violations?*: ☐ No ☐ Yes

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY, AS PERMITTED BY LAW.

Signature _____ **Date** _____

ROBINSON TRANSPORT, INC.
P.O. BOX 09803
COLUMBUS, OH 43209
PHONE: (614) 492-1920 / FAX: (614) 492-1950