

ALLIANCE SPECIALTY TRANSPORT

CARING FOR PEOPLE WITH SPECIAL NEEDS

Employment Application

Personal Information

Date	Date of Birth
Name	SSN
Present Address	
Permanent Address	
Phone #	Cell Phone #

Employment Desired

Position	Date Available	Salary Requested
Are You Employed?	If so May We Inquire of Your Present Employer?	
Ever Applied to This Company?	Where?	When?

Education

	Name And Location Of School	Years Attended	Date Graduated	Area Of Study
Grammar School				
High School				
College				
Trade, Business Or Correspondence School				

General

Subjects Of Special Study		
What Foreign Language Do You Speak Fluently?	Read	Write
US. Military Service	Rank	Member Of National Guard/Reserves

Certifications

Expires	Expires
EVOC	First aid
CPR	

Names Of Friends And Or Relatives Employed By this Organization		
Position Held _____		
If you are Eligible Are You Interested In Health Insurance?	Yes	No
In The Event Of Emergency, Who Should We Contact?		
Name	Relationship	Phone

Have you ever been convicted of a Felony of a sexual nature or abuse? Yes No

In the last 5 years, have you ever been convicted of a DUI, DWI?
 had your license revoked or suspended, attended a drug or alcohol
 Rehab program as a result of charges filed while operating a motor vehicle? Yes No

If yes explain _____

Please Read Carefully

I hereby certify that the information contained in this application form and any attachments (hereby made part of this application) is true and correct to the best of my knowledge. I agree to have any of the statements checked by **Alliance Specialty Transport Inc.** unless I have noted otherwise. I authorize the references listed above to provide **Alliance Specialty Transport Inc.** any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to **Alliance Specialty Transport Inc.** as well, the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or if I am hired, in my dismissal from employment.

Attachments _____

Applicants Signature _____ Date _____