HALVOR LINES, INC. DRIVERS APPLICATION FOR EMPLOYMENT

MAIN TERMINAL
217 Grand Ave Superior WI 54880
715-392-8161 * Fax 715-392-1969
(800)-346-1472

SOUTH BEND, INDIANA
4707 W. Western Ave Suite A
South Bend, IN 46619
(800) 346-1472

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier equipment according to the requirements of the Federal MCSR and Halvor Lines, Inc. Applicants are considered without regard to race, color, creed, age, sex, religion, national origin, non-job related disability or marital status.

INSTRUCTIONS TO APPLICANT: Please answer all questions **AND** sign where requested. If the answer to any question is "NO" or "None" Do not leave blank write "No" or "None". Failure to follow these instructions could result in your application being denied for employment. This is important! **PRINT CLEARLY**

Date of Application:_____

Position(s) Applied for: □Team □Single □Van □Flatbed □Part Time □ Full Time

Address for past 10 years. Provide additional pages if needed.

YOUR NAME: _____
Last **First** **Middle**

Home Phone (_____) -_____-_____ Cell Phone (_____) - _____-_____

STREET ADDRESS: _____

CITY _____STATE _____ ZIP_____ HOW LONG_____

Do you have the legal right to work in the USA?_____ **S.S**#_____-_____-_____

Date of Birth _____/_____/_____ Can you provide proof of age?_____
(Required for Truck Drivers)

NOTIFY in case of Emergency _____ Phone_____

Address:_____ City:_____ State:_____ Zip:_____

Relationship:_____ Cell Phone: _____

Are you employed? _____ If NOT how long since last employment? _____ yrs_____mo

Have you worked here before? Yes or No If Yes Dates:_____ to _____
Reason for leaving?_____

How did you hear of our company? _____
Referred by:_____

PHYSICAL HISTORY

Is there ANY reason you might be unable to perform the functions of the job for which you have applied as described in your job description? IF Yes please explain:

_____

_____

Are you willing to take a physical examination?_____