



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the RKN Transportation to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

PERSONAL INFORMATION

First Name				Middle Initial		Last Name	
Home Telephone Number		Personal Cell Phone Number		Email Address			
Mailing Address							
Street			City		State		Zip Code
Home Address - if different from mailing address							
Street			City		State		Zip Code
Are you authorized to work in the U.S. on an unrestricted basis?				YES		NO	
Are you 18 years or older?				YES		NO	
Who referred you?							
<input type="checkbox"/> Current Employee Name _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Other: _____							

DRIVING RECORDS HISTORY

Position Applying for:			How soon can you start if a job offer is made?				
How long as you had your license?							
Have you worked for the RKN transportation? NO YES Dates:				Starting salary desired			
Are you available for full time work? YES NO				Are you available for part time work? YES NO			
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?							



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EMPLOYMENT HISTORY				
Are you employed now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Company Name	Telephone	May we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street Address	City	State	Zip Code	

Job Title	Supervisor			
Specific Duties				
Dates Employed		From:	To:	
Reason for Leaving				
Company Name	Telephone	May we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street Address	City	State	Zip Code	
Job Title	Supervisor			
Specific Duties				
Dates Employed		From:	To:	
Reason for Leaving				
Company Name	Telephone	May we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Street Address	City	State	Zip Code	
Job Title	Supervisor			
Specific Duties				
Dates Employed		From:	To:	
Reason for Leaving				

Use additional pages if necessary to include all employment.



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PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, RKN Transportation may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to RKN Transportation. I understand that either refusal to submit to such screening or failure to qualify according to the minimum standards established by the RKN Transportation for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name