



APPLICATION FOR EMPLOYMENT

Date _____

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____

Date of Birth _____

Address _____

City, State, Zip _____

E-Mail _____

Phone Number _____

Are you at least 18 years or older? Yes No

Are you eligible to work in the U.S.? Yes No

If no, you may be required to provide authorization to work

Proof of eligibility will be required

Referred By: _____

ALL Applicants

Do you have a valid drivers license? Yes No

If yes, License Number _____

State of Issuance / Expiration _____ / _____

Date you can start? _____

Hourly Rate/Salary Desired? _____

Position Desired? _____

Have you ever worked for Warrior? Yes No

Do you have valid Safeland Training? Yes No

Do you have a valid FIT Test? Yes No

Can you work any shift? Yes No

Can you work overtime? Yes No

Can you work weekends? Yes No

Can you work nights? Yes No

CDL Applicants ONLY

Do you have a valid CDL? Yes No

If yes, License Number _____

State of Issuance / Expiration _____ / _____

Do you have a valid Medical Card Yes No

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency and alcohol testing rules during the past two years (or three years if a CDL driver)? Yes No

1. Are you able to perform the essential functions of the job for which you are applying, with or without, a reasonable accommodation? Yes No

2. Have you ever been convicted of a felony? Yes No

(Please note this question is not required in CA, CO, CT, HI, IL, MA, MN, NJ, NM, OR, RI, VT, or WA)

Please note that checking yes could exclude you from employment based on customer required safety and background regulations.

3. Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

If yes, please explain



EDUCATION

	Name and Location of School	Number of years attended	Degree Received?	Subjects studied/Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Relationship	Phone No	Years Acquainted
1			
2			
3			

Please read carefully before signing.

Warrior Technologies is an equal opportunity employer. Warrior does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Warrior to hire me. If I am hired, I understand that either Warrior or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Warrior has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Warrior true and complete information on this application. No requested information has been concealed. I authorize Warrior to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signed

Date

Warrior Technologies is an E-Verify employer.

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.



EMPLOYMENT HISTORY

Include your last ten (10) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Additional pages can be requested if necessary

Employer Name _____	Phone No _____
Employer Address _____	City, State, Zip _____
Job Title _____	Dates Employed _____ To _____
Summarize scope of work _____	
Were you subject to Drug & Alcohol Testing <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving:
Were you subject to FMCSR's? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Resigned <input type="checkbox"/> Laid Off <input type="checkbox"/> Fired <input type="checkbox"/> Other
Can we contact this employer for reference <input type="checkbox"/> Yes <input type="checkbox"/> No	

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By initialing, I agree all information above is complete and accurate **Applicant Initials** _____



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ONLY COMPLETE the following if you are applying for a CDL position

LICENSE INFORMATION

No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21), I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 2 years, attach additional pages if necessary.

CURRENT LICENSE

State	License Number	Type/Class	Endorsements	Expiration
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PREVIOUSLY HELD LICENSE

State	License Number	Type/Class	Endorsements	Expiration
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Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit, or privilege ever been suspended or revoked? If yes, please explain	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	Date From	Date To	Approx # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor & 2 Trailers				
Tractor & Tanker				
Other				

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ONLY COMPLETE the following if you are applying for a CDL position – CONT'D

ACCIDENT RECORD PREVIOUS 3 YEARS ACCIDENT RECORDS	<input type="checkbox"/> Check this box if none and move to next section
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Date	Nature of Accident (Head On, rear-end, etc)	# of Fatalities	# of Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Chemical Spill
Date	Nature of Accident (Head On, rear-end, etc)	# of Fatalities	# of Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No
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RESIDENCY Previous 3 years Residency – Attach Additional pages if necessary

Current Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address
Previous Address	City, State, Zip	Years at Address

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PREVIOUS 3 YEARS (OTHER THAN PARKING VIOLATIONS)	<input type="checkbox"/> Check this box if none and move to next section
--	--

Date	Violation	State of Violation	Penalty (Forfeited bond, collateral and/or points)
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