



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

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

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

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	

Employer Name _____	Phone No _____
Employer Address _____	City, State, Zip _____
Job Title _____	Dates Employed _____ To _____
Summarize scope of work _____	

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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	

Employer Name _____	Phone No _____
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Can we contact this employer for reference	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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



MVR AUTHORIZATION FORM

Date _____

First Name _____

Date of Birth _____

Middle Name Check this box if none _____

Social Security _____

Last Name _____

Number _____

Do you have a valid drivers license? Yes No

If yes, License Number _____

State of Issuance / Expiration _____ / _____

Driving Records (Motor Vehicle Reports) will be obtained as part of the employee insurability evaluation process. MVR's will be checked prior to hiring and periodically thereafter. The MVR will be produced by DISA on behalf of Warrior Technologies. The report will be used to assess your insurability as defined by our insurance carrier.

I hereby authorize Warrior Technologies and/or DISA to procure a Motor Vehicle Report as deemed appropriate to evaluate my insurability for purposes concerning the driving and/or operation of company vehicles. I understand that this form shall remain in place and be valid for the period of my employment with Warrior Technologies.

I understand that if my MVR returns a suspended or invalid license that I am ineligible to drive a company vehicle for any reason and doing so would be considered a terminable offense.

Printed Name

Date

Signed

Date

ATTACHMENT 1

Acknowledgement of drug and alcohol contraband policy receipt

I hereby acknowledge that I have been provided a copy of the WARRIOR TECHNOLOGIES, LLC drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by WARRIOR TECHNOLOGIES, LLC and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of WARRIOR TECHNOLOGIES, LLC and its authorized agents, assigns, or representatives.

Employee Signature

Date

Employee Printed Name

***** This consent form is for release of NON-DOT tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client*****