

Leeway, Inc.
AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

NAME: _____ EMAIL: _____

PRESENT ADDRESS: _____

(Number Apt. # / Street / City / State / Zip)

HOME TELEPHONE # _____ CELL PHONE # _____

POSITION DESIRED: _____

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

ARE YOU EMPLOYED NOW? YES NO

WHO REFERRED YOU TO LEEWAY, INC.?

STATE JOB AGENCY _____ NEWSPAPER AD _____ FRIEND/RELATIVE _____

EMPLOYMENT AGENCY _____ WALKED IN _____ WEBSITE _____

DO YOU HAVE A RELATIVE CURRENTLY WORKING AT LEEWAY, INC.? YES NO

EDUCATIONAL INFORMATION

NAME & LOCATION OF SCHOOL NUMBER OF YEARS ATTENDED: GRADUATE?

HIGH SCHOOL: _____ 1 YES

_____ 2 NO

_____ 3

_____ 4

COLLEGE: _____ 1 YES

_____ 2 NO

_____ 3

_____ 4

POST GRADUATE: _____ 1 YES

_____ 2 NO

_____ 3

_____ 4

TRADE OR BUSINESS SCHOOL: _____ 1 YES

_____ 2 NO

_____ 3

_____ 4

SPECIAL TRAINING OR SKILLS: _____

WORK INFORMATION
START WITH CURRENT OR MOST RECENT EMPLOYER

COMPANY NAME: _____

ADDRESS: _____
(Street / City / State / Zip)

WORK TELEPHONE # _____

STARTING DATE: _____ LEAVING DATE: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____
(Street / City / State / Zip)

WORK TELEPHONE # _____

STARTING DATE: _____ LEAVING DATE: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____
(Street / City / State / Zip)

WORK TELEPHONE # _____

STARTING DATE: _____ LEAVING DATE: _____

NAME AND TITLE OF SUPERVISOR: _____

DESCRIPTION OF WORK: _____

REASON FOR LEAVING: _____

DRUG AND ALCOHOL SCREENING

*** I UNDERSTAND THAT IF I AM A QUALIFIED CANDIDATE FOR A JOB OPENING, I WILL BE REQUIRED TO UNDERGO A DRUG AND ALCOHOL SCREENING WITH A SUBSEQUENT NEGATIVE RESULT AS A CONDITION OF EMPLOYMENT. THE SIGNING OF THIS FORM IS MY PERMISSION FOR LEEWAY, INC. OR IT'S AGENT TO TAKE SAMPLES OF MY URINE AND PERFORM A DRUG SCREENING ON SUCH SAMPLES, AND TO TAKE SAMPLES OF MY BREATH AND PERFORM AN ALCOHOL SCREENING ON SUCH SAMPLES. FURTHER, I GIVE MY CONSENT FOR THE RELEASE OF THE TEST RESULTS TO AUTHORIZED COMPANY MANAGEMENT FOR APPROPRIATE REVIEW. ***

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

AUTHORIZATION

*** I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE A BACKGROUND CHECK INCLUDING BUT NOT LIMITED TO AN INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. ***

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____