



Application For Employment - CLASS A CDL

The Steel Yard, Inc.
 P.O. Box 1341
 Paragould, AR 72451
 Phone (870) 236-8534
 Fax: (870) 236-2829

Date		Phone	
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Last Name	First Name	Middle Initial	Social Security Number	
Address		City	State	Zip

Employment Desired

Position Applying For		Date You Can Start	Salary Desired
Are You Currently Employed?	May we contact your current employer?	Have you applied for employment with TSY before ?	If you have applied before, when?
<small>CIRCLE ONE</small> YES NO	<small>CIRCLE ONE</small> YES NO	<small>CIRCLE ONE</small> YES NO	

Education History

Grammar School	Location	Years Attended	Graduate?	Subjects Studied
			<small>CIRCLE ONE</small> YES NO	
High School	Location	Years Attended	Graduate?	Subjects Studied
			<small>CIRCLE ONE</small> YES NO	
College	Location	Years Attended	Graduate?	Subjects Studied
			<small>CIRCLE ONE</small> YES NO	
Trade, Business or Correspondence School	Location	Years Attended	Graduate?	Subjects Studied
			<small>CIRCLE ONE</small> YES NO	

Can you lift 50 Pounds?
CIRCLE ONE YES NO

Do you have any previous injuries that would prevent you from doing you job to the best of your abilities?	
CIRCLE ONE YES NO	

IF Yes, please explain .
*** PLEASE NOTE IN ORDER TO KEEP A SAFE WORKING ENVIRONMENT THE STEEL YARD, INC. DOES INCORPORATE PRE-HIRE, RANDOM SUSPICION, AND POST INJURY DRUG TESTING ***

Employment History

List your last four (4) employers starting with the last one first.

Name and address	From	To	Salary	Position	Reason for leaving
Name and address	From	To	Salary	Position	Reason for leaving
Name and address	From	To	Salary	Position	Reason for leaving
Name and address	From	To	Salary	Position	Reason for leaving

References

List three (3) people not related to you, whom you have know for at least one (1) year.

Name and address	Phone	Years Known	May we contact this person?	Office Use Only
			CIRCLE ONE YES NO	
Name and address	Phone	Years Known	May we contact this person?	
			CIRCLE ONE YES NO	
Name and address	Phone	Years Known	May we contact this person?	
			CIRCLE ONE YES NO	

Qualification—Driver

Driver License Number	State	Type (A, B or C)	Expiration Date
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			
CIRCLE ONE YES NO	IF YES ,EXPLAIN (ATTACH ADDITIONAL SHEET IF NEEDED)		
Has any license, permit or privilege ever been suspended or revoked?			
CIRCLE ONE YES NO	IF YES ,EXPLAIN (ATTACH ADDITIONAL SHEET IF NEEDED)		

Driving Experience

If you have no driving experience please write NONE in the box.

Straight Truck	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ECT.)	DATES			APPROX# OF MILES TOTAL
		FROM		TO	
Tractor And Semi-Trailer	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ECT.)	DATES			APPROX# OF MILES TOTAL
		FROM		TO	
Tractor—Two Trailers	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ECT.)	DATES			APPROX# OF MILES TOTAL
		FROM		TO	
Motor Coach—School Bus	TYPE OF EQUIPMENT (Motor Coach , School Bus Ect.)	DATES			APPROX# OF MILES TOTAL
		FROM		TO	
Other	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ECT.)	DATES			APPROX# OF MILES TOTAL
		FROM		TO	

Special Courses or Training, Awards or other items you would like note.

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."

Initials

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" I authorize investigation of all statements contained herein and the references to 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 the company from all liability for any damage that may result from utilization of such information."

Initials

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" I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Initials

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" I understand that this waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act and any other relevant federal and state laws."

Initials

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Date

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Signature

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