



APPLICATION FOR EMPLOYMENT

Name:	
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Date:	
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FOR HR PURPOSES ONLY

Department:		Position Applied For:		App #:	
Date:		Prior Employer:		TA #:	

APPLICATION FOR EMPLOYMENT

Date of Application: <input style="width: 95%;" type="text"/>	Position Applying For: <input style="width: 95%;" type="text"/>
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Name:	<input style="width: 98%;" type="text"/>	Social Security #:	<input style="width: 98%;" type="text"/>
Street Address:	<input style="width: 25%; font-size: small;" type="text"/> Street <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Zip	Length at current address:	<input style="width: 80%;" type="text"/>
Home Phone Number:	<input style="width: 25%; font-size: small;" type="text"/> Cell No: <input style="width: 25%; font-size: small;" type="text"/>	Email:	<input style="width: 98%;" type="text"/>
Previous Address: (Last three (3) years, if applicable.)	<input style="width: 25%; font-size: small;" type="text"/> Street <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Zip	Length at previous address:	<input style="width: 80%;" type="text"/>
	<input style="width: 25%; font-size: small;" type="text"/> Street <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Zip	Length at previous address:	<input style="width: 80%;" type="text"/>
	<input style="width: 25%; font-size: small;" type="text"/> Street <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Zip	Length at previous address:	<input style="width: 80%;" type="text"/>

Have you ever worked for any of our companies? Yes No If yes, date and position: _____

Are you 21 years or older? Yes No

Have you ever been refused a bond or had a bond revoked? Yes No
 If yes, explain _____

Are you a US citizen or otherwise authorized to work in the US on an unrestricted basis? (You will be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No If no, what hours are you available? _____

Have you been convicted of a felony? Yes No If yes, date: _____
 please describe conditions: _____

List all traffic offenses for the past 3 years with dates _____

Do you have a valid NV Drivers License? Yes No If yes, DL#: _____

Have you served in the military? Yes No (If Yes, please provide a copy of DD214)

List any relatives or friends working for us _____

EDUCATION: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4

High School:	<input style="width: 25%; font-size: small;" type="text"/> Name <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Graduate <input style="width: 25%; font-size: small;" type="text"/> Major <input style="width: 25%; font-size: small;" type="text"/> Degree
College:	<input style="width: 25%; font-size: small;" type="text"/> Name <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Graduate <input style="width: 25%; font-size: small;" type="text"/> Major <input style="width: 25%; font-size: small;" type="text"/> Degree
Post-College:	<input style="width: 25%; font-size: small;" type="text"/> Name <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Graduate <input style="width: 25%; font-size: small;" type="text"/> Major <input style="width: 25%; font-size: small;" type="text"/> Degree
Other Training:	<input style="width: 25%; font-size: small;" type="text"/> Name <input style="width: 25%; font-size: small;" type="text"/> City <input style="width: 25%; font-size: small;" type="text"/> State <input style="width: 25%; font-size: small;" type="text"/> Graduate <input style="width: 25%; font-size: small;" type="text"/> Major <input style="width: 25%; font-size: small;" type="text"/> Degree

In addition to your work history, are there other skills, qualifications or other experience that we should consider?

List three (3) year employment history starting with the most recent. Please note any periods of unemployment.
 Add another sheet if needed.

Employer Name:		Dates Employed:	to
Employer Address:			
Supervisor Name:		Supervisor Phone:	
Starting Wage:		Starting Position:	
Ending Wage:		Ending Position:	
Responsibilities: _____ _____			
Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name:		Dates Employed:	to
Employer Address:			
Supervisor Name:		Supervisor Phone:	
Starting Wage:		Starting Position:	
Ending Wage:		Ending Position:	
Responsibilities: _____ _____			
Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name:		Dates Employed:	to
Employer Address:			
Supervisor Name:		Supervisor Phone:	
Starting Wage:		Starting Position:	
Ending Wage:		Ending Position:	
Responsibilities: _____ _____			
Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer Name:		Dates Employed:	to
Employer Address:			
Supervisor Name:		Supervisor Phone:	
Starting Wage:		Starting Position:	
Ending Wage:		Ending Position:	
Responsibilities: _____ _____			
Reason for Leaving: _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REQUEST FOR PAST EMPLOYMENT VERIFICATION

I hereby authorize you to release the following information to Frias Transportation Management. You are released from any and all liability which may result from furnishing such information.

Signature:		Date:	
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Name of Applicant:	Social Security No:
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Mail or Fax To: HUMAN RESOURCES
 Frias Management, LLC
 5110 S. Valley View Blvd.,
 Las Vegas, NV 89118
 Fax: 702.597.9533

Employer:

TO BE FILLED OUT BY FORMER EMPLOYER

To Whom It May Concern:

The above named individual has made application to this company for a position as _____ and states that he/she was employed by your company as a _____ from _____ to _____.

1. Employed from _____ to _____
 2. Position: _____
 3. Wage / Salary: _____
 4. Reason for leaving your employ? Discharged Resignation Lay Off Military Duty
 5. Was his/her general conduct satisfactory? Yes No
 6. Is he/she eligible for re-hire? Yes No If NO, please explain: _____
- Any additional comments: _____

Signature:		Position:		Date:	
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Personal References: Please list 2 references NOT related to you.			
Name:		Relationship:	
Address:		Phone:	
Name:		Relationship:	
Address:		Phone:	

Emergency Information: Please list 2 emergency contacts.			
Name:		Relationship:	
Address:		Phone:	
Name:		Relationship:	
Address:		Phone:	

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I authorize the release of information by my former employers and /or schools regarding my prior employment and education. I hereby release them and their company from any liability for divulging the same.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that only the CEO of the Company has the authority to alter the foregoing.

Signature:		Date:	
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FOR INTERNAL USE ONLY








Interviewed By:		Date:		Time:	
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Accepted Declined Starting Date: _____ Position: _____ Shift: _____

Starting Wage: _____ Employee Number: _____

TA Permit #: _____

Accepted Declined Reviewed By HR Department: _____

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