

1201 Greenwood Avenue
Maywood, IL 60153



Phone# 708-344-5000
Fax# 708-344-5000

EMPLOYMENT APPLICATION

POSTION APPLYING FOR:

LAST NAME: _____ FIRST: _____ MIDDLE: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: _____

HOME TELEPHONE: _____

CELLULAR TELEPHONE: _____

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY THE ROY STROM COMPANIES? _____

DATES: FROM: _____ TO: _____

REASON FOR LEAVING: _____

BY WHO WERE YOU REFERRED? _____

PHYSICAL HISTORY

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMODATIONS? _____

HAVE YOU EVER BEEN INJURED ON THE JOB? _____

IF YES, PLEASE GIVE THE NATURE AND DEGREE OF SUCH INJURIES:

HOW MUCH TIME HAVE YOU LOST FROM WORK IN THE PAST THREE YEARS AS A RESULT OF ILLNESS? _____

EMPLOYMENT HISTORY

NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

NAME OF SECOND LAST EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

NAME OF THIRD LAST EMPLOYER: _____

ADDRESS: _____

JOB TITLE: _____ IMMEDIATE SUPERVISOR: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

Roy Strom Employee Application
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MILITARY STATUS

HAVE YOU SERVED IN THE U.S. ARMED FORCES? _____ IF YES, WHICH BRANCH: _____
FROM: _____ TO: _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED:
HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
NAME OF LAST SCHOOL ATTENDED: _____
ADDRESS: _____

EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVERS LICENSE:

STATE: _____ LICENSE: _____ TYPE: _____ EXP. DATE: _____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVLEDGE TO OPERATE A MOTOR VEHICLE? _____
HAVE YOU EVER HAD ANY LICENSE, PERMIT, OR PRIVLEDGE SUSPENDED OR REVOKED? _____
IF THE ANSWER IS YES TO EITHER QUESTION, PLEASE GIVE DETAILS: _____
(OR ATTACH STATEMENT): _____

DRIVING EXPERIENCE

STRAIGHT TRUCK: TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)
APPROX.#HAULS _____
(TOTAL) _____
FROM: _____ TO: _____

TRACTOR & SEMI: TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)
APPROX.#HAULS _____
(TOTAL) _____
FROM: _____ TO: _____

TRACTOR-2TRAILER: TYPE OF EQUIPMENT: (VAN, TANK, FLAT, ETC.)
APPROX.#HAULS _____
(TOTAL) _____
FROM: _____ TO: _____

LIST SPECIAL AWARDS, COURSES, OR TRAINING WHICH ARE RELATED TO THE JOB YOU SEEK:

ACCIDENT RECORD FOR THE PAST THREE YEARS

ACCIDENT DATE: _____ NATURE OF ACCIDENT: _____

ACCIDENT DATE: _____ NATURE OF ACCIDENT: _____

ACCIDENT DATE: _____ NATURE OF ACCIDENT: _____

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RELEASE STATEMENTS

LAST NAME: _____ **FIRST** _____ **MIDDLE** _____

HAVE YOU EVER PLEAD GUILTY OR "NO CONTEST" TO A CRIME, BEEN CONVICTED OF A CRIME, HAD A WAGE GARNISHMENT, PROSECUTION DEFERRED OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING? _____

IF YES, PLEASE GIVE DATE, LOCATION AND DETAIL OF EACH (OR ATTACH STATEMENT):

HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY JOB? _____

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN WARNED, DISCIPLINED, OR DISCHARGED FOR SEXUAL HARASSMENT, FIGHTING, ASSAULT, OR RELATED OFFENSES? _____

CERTIFICATION OF APPLICANT:

BY MY SIGNATURE, I AFFIRM, AGREE, AND UNDERSTAND THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE. ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION OR DATA ON THIS APPLICATION MAY RESULT IN EXCLUSION FROM FURTHER CONSIDERATION OR, IF HIRED, TERMINATION OF EMPLOYMENT.

SIGNATURE: _____ DATE: _____

ALTHOUGH MANAGEMENT MAKES EVERY EFFORT TO ACCOMMODATE INDIVIDUAL PREFERENCES, BUSINESS NEEDS MAY AT TIMES MAKE THE FOLLOWING CONDITIONS MANDATORY: OVERTIME, SHIFT WORK, OR A ROTATING WORK SCHEDULE THAT INCLUDES SATURDAY AND SUNDAY.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENTS.

SIGNATURE: _____ DATE: _____

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR PHYSICAL LIMITATION.