



APPLICATION FOR EMPLOYMENT

B. R. Williams Inc.

127 Stockington Rd.
Woodstown, NJ 08098
856-769-2488

Full Name: _____
(First) (Middle) (Maiden Name, If any) (Last)

Address: _____ How Long? _____
(Street) (City) (State & Zip)

Phone: (____) _____ Cell: (____) _____ E-mail _____

Position Applied for: _____ Desired Salary? _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in U.S.? Yes No

Have you ever worked for this company? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Experience and Qualifications-Driver

Driver Licenses	State	License No.	Type	Expiration Date

References

Please **list three** professional or personal references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Driving Experience

Class of Equipment	Type of Equipment (van,Tank,Flat,etc.)	Dates		Approx. No. Miles (Total)
		From:	To:	
School Bus				
Straight Truck				
Tractor & Semi-trailer				
Tractor-two trailers				
Other				

Accident record For Past Three Years or More (Attach Sheet if More Space Needed)

Dates	Nature of Accident (Head-on, Rear-End, Upset, Etc)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			

Traffic Convictions And Forfeitures For The Past 3 Years (Other Than Parking Violations)

Location	Date	Charge	Penalty

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privelege ever been suspended or revoked? Yes No
- If answer to either A or B is yes, attach statementgiving details

Employment Record

Note: DOT Requires that employment for at least 3 years and/or Commercial Driving Experience for the past 10 years be shown

Last Employer: Name _____
 Address: _____
 Position Held _____ From _____ To _____ Salary _____
 Reasons For Leaving _____

Second Last Employer: Name _____
 Address: _____
 Position Held _____ From _____ To _____ Salary _____
 Reasons For Leaving _____

Third Last Employer: Name _____
 Address: _____
 Position Held _____ From _____ To _____ Salary _____
 Reasons For Leaving _____

May we contact your previous supervisors for a reference? Yes No

Military Service

Branch: _____ From _____ To _____
 Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

To Be Read And Signed By Applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____