

Position(s) applied for: _____

EMPLOYMENT APPLICATION



I.T.N. CONSOLIDATORS

International Transportation Network

7007 NW 30th Street
Miami, FL 33122

Social Security No.

Name (Last, First)

Middle Initial

Applicant MUST SIGN last page of application

Other names you have used: _____

ADDRESS INFORMATION – LAST FIVE YEARS

PRESENT ADDRESS

Address

Apt. #

Phone # (include area code)

City

State

Zip

Alternate Phone # (include area code)

County

How Long At This Address? _____

PREVIOUS ADDRESS

How Long? _____

PREVIOUS ADDRESS

How Long? _____

Address _____ Apt # _____

Address _____ Apt # _____

City, State _____ ZIP _____

City, State _____ ZIP _____

EMERGENCY CONTACT INFORMATION

Name (Last, First)

Address

Apt. #

Phone # (include area code)

City

State

Zip

Alternate Phone # (include area code)

GENERAL INFORMATION

Are you employed now? Yes No When can you begin work? _____

Are you available for weekend work? Yes No
(Field Offices)

Do you have any relatives employed by this company? Yes No Name _____ Location _____

Have you ever completed an application for employment with this company? Yes No When _____ Where _____

Have you ever been employed by this company? Yes No When _____ Where _____
Position _____

Have you ever been convicted of a felony within the last 5 years? Yes No **NOTE: Disclosure of convictions does not automatically disqualify you from employment consideration.**

If yes, give details _____

I am a U.S. Citizen or National of the U.S., an alien lawfully admitted for permanent residence, or an alien authorized to work in the U.S. Yes No **NOTE: Upon request, prior to commencement of employment, you must provide documents which establish your identity and authorization to work in the United States.**

PREVIOUS EMPLOYMENT

List any special job skills you possess: _____

All time must be accounted for, whether employed or not. List the names of all your employers, beginning with the most recent. If there were periods of more than one month where you were self-employed or unemployed, list the names and address of person(s), other than relatives, who can verify your activities during this period(s). **Military personnel:** List the name and address of each permanent duty station. In the "position" column record your primary responsibilities and any collateral duties you were assigned.

	a. COMPANY NAME b. STREET c. CITY, STATE, ZIP	COMPANY TELEPHONE NUMBER <small>including area code</small>	EMPLOYED				POSITION	SALARY	NAME OF SUPERVISOR	SPECIFIC REASON(S) FOR LEAVING
			FROM		TO					
			MO	YR	MO	YR				
1	a.									
	b.									
	c.									
2	a.									
	b.									
	c.									
3	a.									
	b.									
	c.									
4	a.									
	b.									
	c.									
5	a.									
	b.									
	c.									
6	a.									
	b.									
	c.									
7	a.									
	b.									
	c.									
8	a.									
	b.									
	c.									

*If more space is required, please notify the interviewer.

Are there any employers whom you **DO NOT** wish us to contact? _____

Have you ever been discharged by a previous employer? Yes No If yes, when? ____ / ____ / ____

Give details: _____

EDUCATION						
	NAME OF SCHOOL	ADDRESS (City, State, ZIP, Phone)	GRADUATED		COLLEGE MAJOR	CUM GPA
			YES/ NO	TYPE OF DEGREE		
HIGH SCHOOL					X	
		()				
COLLEGE						
		()				
COLLEGE						
		()				
TECHNICAL						
		()				
BUSINESS OR OTHER						
		()				

If you have attended college but did not graduate, how many credit hours have you completed towards a degree? Associate _____ hrs. Bachelor _____ hrs.

List languages which you speak proficiently: _____

List languages which you read proficiently: _____

List any scholarships, academic honors or special achievements: _____

Extracurricular activities: _____

U.S. MILITARY SERVICE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch _____ Rank or Rating _____
Specialty _____	Date of last separation _____
Service Schools _____	

PERSONAL REFERENCES (other than relatives)		
NAME	ADDRESS (City, State, ZIP)	TELEPHONE NUMBER
		() -
		() -
		() -

Why are you applying for a position at this company? _____

APPLICATION AGREEMENT

I hereby acknowledge that I have applied for employment, or am being considered for employment and authorize my prospective employer (the Company) or its agents to conduct a background check on me during my consideration for employment. I hereby release all parties providing information from all liability for any such employment disclosure. I also authorize the use of any information service which may have information concerning me, including all local, city, county, state and/or federal agencies. I understand that the final decision to offer me employment may be determined in whole or in part from such reports and information. I hereby authorize the Company to obtain any inquiries and reports now and at any time in the future which it may consider useful, relating to my consumer credit, driving history, motor vehicle records and any criminal history. All information obtained will be held in confidence by the Company.

I am aware that a valid driver's license may be a condition of employment. Certain types of criminal convictions also preclude new or continued employment. I hereby affirm that all statements and references given in connection with this application for employment are true, and if it is later discovered that I have made any false statement or omitted any pertinent information that my employment will be immediately terminated. I also hereby voluntarily consent to drug testing prior to or during my employment upon the Company's request. I also agree that refusal to submit to drug testing will result in my not being offered employment or in my termination, except as provided by law to the contrary.

I recognize and agree that this application is not a contract or offer of employment. I also recognize that and agree that if I am employed, the Company may terminate my employment without notice and/or cause at any time, and at their will. I also 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 to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized agent of the Company. I hereby certify that the facts contained on this application are true and complete to the best of my knowledge. I understand and agree that if I am employed, and it is determined that I have given false information on this application, I will be subject to immediate termination.

DRUG FREE WORKPLACE

APPLICANT'S SIGNATURE _____ DATE ____ / ____ / ____

The Company will provide reasonable accommodation during the employment process, as well as on the job, if such an accommodation is requested by an applicant or employee. The Company invites applicants with disabilities to voluntarily identify themselves and discuss the accommodations that may be required.

FOR OFFICE USE ONLY

Interviewer _____ Date ____ / ____ / ____ Location _____ Time _____

Interviewer _____ Date ____ / ____ / ____ Location _____ Time _____

Interviewer _____ Date ____ / ____ / ____ Location _____ Time _____

Interviewer _____ Date ____ / ____ / ____ Location _____ Time _____

Employment Approved By _____ Date ____ / ____ / ____

Office _____ Job Classification _____ D.O.E. _____