



Application for Employment

Ripon Truck Repair and Equipment, LLC

DATE OF APPLICATION:

Personal Information

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	
STREET ADDRESS		TELEPHONE NUMBER	
CITY/STATE/ZIP	E-MAIL ADDRESS		

Employment Eligibility

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
POSITION FOR WHICH YOU ARE APPLYING (PLEASE SELECT OR WRITE IN):			
IF OFFERED THIS POSITION, WHEN CAN YOU START?			
IF OFFERED THIS POSITION, CAN YOU SHOW PROOF OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER WORKED FOR RIPON TRUCK?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO	*DATE FROM *DATE TO

Present Employment Information

ARE YOU EMPLOYED CURRENTLY? (IF YES, PLEASE COMPLETE THE FOLLOWING LINES)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMPANY NAME	CITY, STATE		
HOW LONG HAVE YOU BEEN EMPLOYED THERE?	WORK PHONE	SUPERVISOR'S NAME	
TITLES AND DUTIES			
IF LEAVING, REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ENDING PAY OR SALARY

Qualifications – Please list any education or training that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

HAVE YOU OBTAINED A HIGH SCHOOL DIPLOMA OR GED CERTIFICATE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIGH SCHOOL	CITY, STATE		

COLLEGE / SCHOOL		CITY, STATE	
DATE FROM	TO	SUBJECT(S) STUDIED	DEGREE EARNED
COLLEGE / SCHOOL		CITY, STATE	
DATE FROM	TO	SUBJECT(S) STUDIED	DEGREE EARNED
DO YOU HAVE A COMMERCIAL DRIVER’S LICENSE (CDL)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

ADDITIONAL CERTIFICATION(S):

PLEASE LIST SKILLS RELATED TO THE POSITION THAT YOU ARE APPLYING FOR:

PLEASE LIST OTHER SKILLS THAT MAKE YOU STAND OUT IN THE WORKPLACE:

Employment History – Most Recent First

COMPANY NAME		CITY, STATE	
DATES FROM	To	WORK PHONE	SUPERVISOR'S NAME
TITLES AND DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		ENDING PAY OR SALARY	
COMPANY NAME		CITY, STATE	
DATES FROM	To	WORK PHONE	SUPERVISOR'S NAME
TITLES AND DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		ENDING PAY OR SALARY	
COMPANY NAME		CITY, STATE	
DATES FROM	To	WORK PHONE	SUPERVISOR'S NAME
TITLES AND DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		ENDING PAY OR SALARY	

ADDITIONAL COMMENTS

References – Please do not include family members

NAME		ADDRESS/CITY/STATE	
PHONE	RELATIONSHIP		YEAR(S) KNOWN
NAME		ADDRESS/CITY/STATE	
PHONE	RELATIONSHIP		YEAR(S) KNOWN
NAME		ADDRESS/CITY/STATE	
PHONE	RELATIONSHIP		YEAR(S) KNOWN

Disclaimer

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

If hired, I subject myself to any investigatory drug and alcohol testing that may arise.

APPLICANT SIGNATURE	DATE
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Please email completed form to office@trmfg.com or you may drop off the application.