

# **CARLUCCI**

## **TRANSPORT**

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### **EMPLOYMENT APPLICATION**

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**MAILING:**            **PO BOX 96**  
**FIREBAUGH, CA 93622**

**PHYSICAL:**        **1487 13<sup>TH</sup> STREET**  
**FIREBAUGH, CA 93622**

**PHONE:**            **559.659.3981**

**TOLL FREE:**        **800.334.7030**

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# APPLICATION FOR EMPLOYMENT

Date of Application \_\_\_\_\_ Social Security \_\_\_\_\_

Name:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address:  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_

If So May We Inquire of Your Present Employer \_\_\_\_\_

Ever Applied to this Company Before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

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## EDUCATION

Grammar School:  
Name \_\_\_\_\_ Location of School \_\_\_\_\_  
Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_ Subjects Studied \_\_\_\_\_

High School:  
Name \_\_\_\_\_ Location of School \_\_\_\_\_  
Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_ Subjects Studied \_\_\_\_\_

College, Trade or Business School:  
Name \_\_\_\_\_ Location of School \_\_\_\_\_  
Years Attended \_\_\_\_\_ Date Graduated \_\_\_\_\_ Subjects Studied \_\_\_\_\_

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What Foreign Languages Do You Speak Fluently? \_\_\_\_\_

Read \_\_\_\_\_ Write \_\_\_\_\_

**FORMER EMPLOYERS**

- 1) Date \_\_\_\_\_ Name and Address of Employer \_\_\_\_\_  
Salary \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_
  - 2) Date \_\_\_\_\_ Name and Address of Employer \_\_\_\_\_  
Salary \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_
  - 3) Date \_\_\_\_\_ Name and Address of Employer \_\_\_\_\_  
Salary \_\_\_\_\_ Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_
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**REFERENCES:** Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

- 1) Name \_\_\_\_\_ Address \_\_\_\_\_  
Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_
  - 2) Name \_\_\_\_\_ Address \_\_\_\_\_  
Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_
  - 3) Name \_\_\_\_\_ Address \_\_\_\_\_  
Business \_\_\_\_\_ Years Acquainted \_\_\_\_\_
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**PHYSICAL RECORD:**

Where You Ever Injured? \_\_\_\_\_ Give Details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I authorized investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment if for no definite period and may, regardless of the date of payment of my wages and salary, be terminate at any previous notice.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_