



Corporate Employment Application

PO Box 2067
Jonesboro, AR 72402
phone (870) 932-6679
fax (870) 203-7528

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Personal Data

Position(s) Applied For _____ Date _____

How did you learn about us? Advertisement Employment Agency Relative Friend Inquiry

Other _____

Full Name _____
Last First M.I.

Address 1 _____
Street Address

City State ZIP Code

Phone Number () _____ Social Security _____
Primary Voluntary

Best time to contact you at home? _____ : _____ a.m. p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If yes, give date _____ Yes No

Have you ever been employed with us before? If yes, give date _____ Yes No

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Date Available for Work _____ Desired Salary Range _____

Are you available to work— Full-Time 1st Shift 2nd Shift 3rd Shift
Part-Time Mornings Afternoon Evenings
Temporary Dates Available (from) _____ (to) _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Star Transportation, LLC is an equal opportunity employer.



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Education				
	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military (if applicable).



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Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Present or Last Employer

Salary/Wage _____ **To** Month _____ Year _____ **From** Month _____ Year _____

Employer _____ Job Title _____

Address _____

Mailing Address

City

State

ZIP Code

Contact Person _____ Phone Number (_____)

Reason for Leaving _____

Work Performed _____

Previous Employer 1

Salary/Wage _____ **To** Month _____ Year _____ **From** Month _____ Year _____

Employer _____ Job Title _____

Address _____

Mailing Address

City

State

ZIP Code

Contact Person _____ Phone Number (_____)

Reason for Leaving _____

Work Performed _____

Previous Employer 2

Salary/Wage _____ **To** Month _____ Year _____ **From** Month _____ Year _____

Employer _____ Job Title _____

Address _____

Mailing Address

City

State

ZIP Code

Contact Person _____ Phone Number (_____)

Reason for Leaving _____

Work Performed _____



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Employment History (continued)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Previous Employer 3

Salary/Wage _____ **To** Month _____ Year _____ **From** Month _____ Year _____

Employer _____ Job Title _____

Address _____
Mailing Address

City _____ State _____ ZIP Code _____

Contact Person _____ Phone Number (_____)

Reason for Leaving _____

Work Performed _____

Previous Employer 4

Salary/Wage _____ **To** Month _____ Year _____ **From** Month _____ Year _____

Employer _____ Job Title _____

Address _____
Mailing Address

City _____ State _____ ZIP Code _____

Contact Person _____ Phone Number (_____)

Reason for Leaving _____

Work Performed _____

List professional, trade, business or civic activities and offices held.

You may exclude membership which indicate race, color, religion, gender, national origin, disabilities or other protected status.



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Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check skills you possess or equipment you have operated.)

<input type="checkbox"/> Computer Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> Windows PC or Apple Macintosh	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants:

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? Yes No

References

Contact Person _____ Phone Number (_____) _____

Address _____
Mailing Address

City _____ State _____ ZIP Code _____

Contact Person _____ Phone Number (_____) _____

Address _____
Mailing Address

City _____ State _____ ZIP Code _____

Contact Person _____ Phone Number (_____) _____

Address _____
Mailing Address

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Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature _____ Date _____

For Personnel Department Use Only

Position(s) applied for is open? Yes No

Position(s) considered for? _____ Date _____

Arrange Interview? Yes No

Remarks

Interviewer _____ Date _____

Employed? Yes No If yes, give date _____

Job Title _____ Hourly Rate/Salary _____ Department _____

Authorized by _____ Date _____
Name Title