



**AMERATRANS, LLC**

*Moving America's Products*

**DRIVER'S APPLICATION  
FOR EMPLOYMENT**

**(Answer All Questions-Please Type or Print Legibly)**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

**List your addresses of residency for the past 3 years.**

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

SSN#: \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Current Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City/State Zip

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City/State Zip

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City/State Zip

\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City/State Zip

Email Address: \_\_\_\_\_

**Have you ever been convicted of a felony?**    \_\_\_ YES    \_\_\_ NO

If so, please explain

\_\_\_\_\_  
\_\_\_\_\_

**Do you have the legal right to work in the United States?**    \_\_\_ YES    \_\_\_ NO

**Have you ever worked for this company before?**    \_\_\_ YES    \_\_\_ NO

If so, When

\_\_\_\_\_  
\_\_\_\_\_

**Were you referred?**    \_\_\_ YES    \_\_\_ NO    If so, By Whom? \_\_\_\_\_







**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.

I authorize **Ameratrans, LLC** to make such investigations and inquire of my personal, employment, financial or medical history and other related matters, as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 company.

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Applicant's Signature

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Date

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Applicant Print Name