

APPLICATION FOR EMPLOYMENT

COMPANY Baker-Shindler Company STREET ADDRESS 525 Cleveland Ave

CITY, STATE AND ZIP CODE Defiance, OH 43512

NAME _____
(First) (Middle) (Maiden Name, if any) (Last)

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

DATE OF BIRTH _____ SOCIAL SEC. NO. _____

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

FOR PAST
THREE YEARS

ADDRESS _____ HOW LONG? _____
(Street) (City) (State & Zip Code)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS—DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK _____				
TRACTOR AND SEMI-TRAILER _____				
TRACTOR—TWO TRAILERS _____				
OTHER _____				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			