Smart Powered Hauling ff C

490 S. Hoover Rd Wellington, KB 67152

Phone: (316) 303-7201

Sphauling490@gmail.com Experts in earning trust.

Job application



Smart Powered Hauling ffC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Stepplicant Information
Applicant Name:
Home Address:
Jelephone Number:
£mail Address:
Priver's license #:
Social Security #:
Date of Application:
Employment Position
Position(s) applying for:
How did you hear about this position?
What days are you available to work?
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What hours or shi	fts are you available to work?		
If needed, are you	available to work overtime?		
En what date can y	ou start working if you are hired	!?	
Personal Infor	mation		
Are you a V.E. ci	tizen or approved to work in the '	United States? (circle o	one) Yes No
What document co	in you provide as proof of citizens	ship or legal status?	
Job Skills/Quad Please list below th	lifications be skills and qualifications you po	ssess for the position fo	r which you are applying:
	vered Hauling <u>f fC</u> complies wi asures that may be necessary for		
fducation and	Training		
High school			
Name	focation (city, state)	Year Graduated	Degree earned

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Name	focation (city, state)	Year Graduated	Degree farned
Vocational Cel	hools/Specialized Training		
Name	focation(city, state)	Year Graduated	Degree Farned
Military: Are you a memb	er of the armed forces?		
_	the military did you enlist?		
•	military rank when discharged?		
	did you serve in the military?		
• •	ills do you possess that would be	an asset for this position	on?
Job Jitle: Bupervisor name: fmployer Addre City, State and J fmployer Jeleph	ip code:one:		
Reason for leavin			
fmployer name:_ Job Title:			
Eupervisor name:			
<u>F</u> mployer Addre	255:		
<i>9</i>			
	ip code:		
City, State and Z Employer Teleph	one:		
City, State and Z	one:		_

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fmergency contact:	
Name:	
Relationship:	
Phone number:	
<u>f</u> mail:	
Name:	
Relationship:	
Phone number:	
<u>f</u> mail:	
Name:	
Relationship:	
Phone number:	
fmail:	
Applicant Signature:	