



GOLDEN CHARIOT SPECIALTY TRANSPORT SERVICE, LLC

Employment Application ~ Please fax to(360-859-5232)

Applicant Information

Full Name: _____ Date: _____
Last/Maiden First

Address: _____
Street Address ÖU

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ DL # _____ Desired Salary: \$ _____

Position Applied for: _____ YES NO YES NO

Are you a citizen of the United States? If no, are you authorized to work in the U.S.?

Have you ever worked for this company? If yes, when? _____

Have you ever been convicted of a felony?
If yes, explain: _____

Would you prefer full time?	YES	NO	Are you CPR certified?	YES	NO	Exp. Date
	YES	NO		YES	NO	Exp. Date
Would you prefer part time?	YES	NO	Are you first aid certified?	YES	NO	Exp. Date
	YES	NO		YES	NO	Exp. Date
Would you prefer a split shift?	YES	NO	Have you had Passenger Assistance Training?	YES	NO	Exp. Date
	YES	NO		YES	NO	Exp. Date
Do you prefer early morning?	YES	NO	Have you had Child Safety Seat Training?	YES	NO	Exp. Date
	YES	NO		YES	NO	Exp. Date
Do you prefer late evening?			Have you had Defensive Driving Training?			

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three references other than relatives or previous employer

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address _____

Previous Employment For Last Ten Years (please attach separate page if necessary)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Job Skills (Office Positions Only)

Indicate in years and months for each area

Accounting _____ Computer _____ Payroll _____
Bookkeeping _____ Adding Machine _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____