



CPCN#3069  
 2024 Losee Road  
 North Las Vegas, NV. 89030

CPCN# 7008

CPCN# 7049

16325 S. Crawford Ave.  
 Markham, IL 60428

## Employment Application

### Applicant Information

Full Name:	<b>Last</b>	<b>First</b>	<b>M.I.</b>	<b>Date:</b>
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#### Address History for The Past 3 Years:

ADDRESS	CITY, STATE and ZIP	DATE
		/CURRENT

Phone:		Email:	
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Date Available:		Social Security No.:	
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Position Applied for:	
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?
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Do you currently know someone that is employed with our company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referred by:
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Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last First M.I.*

**CUSTOMER SERVICE REPRESENTATIVE, FORKLIFT OPERATORS & VIOLATION TAGGERS ONLY**

Accident Record for past 3 years. If no accidents within the last 3 years – check here:

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions & Forfeitures for past 3 years (other than parking violations).  
 If no traffic convictions and/or forfeitures within the last 3 years – check here:

LOCATION	VEHICLE TYPE	DATE	CHARGE	PENALTY

I certify that I do not have more than one motor vehicle license. My current license information is below:

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No  
 B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

\_\_\_\_\_

**Education**

**High School:** \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate: \_\_\_ YES \_\_\_ NO      Diploma: \_\_\_\_\_

**College:** \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate: \_\_\_ YES \_\_\_ NO      Diploma: \_\_\_\_\_

**Other:** \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate: \_\_\_ YES \_\_\_ NO      Diploma: \_\_\_\_\_

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last First M.I.*

**Previous Employment History**

**Candidates applying at URT must provide the last 3 years of employment history.**

All gaps in employment of 30 days or more must be explained. You are required to list the complete mailing address: street number, city, state, zip code, and phone number including area code. **Please list employers in reverse order starting with the most recent.**

Company:				Phone:		
Address:				Supervisor:		
Responsibilities				Reason for Leaving:		
Job Title				Dates:	From:	To:
Salary \$	Starting \$		Ending \$	Justify Gap:		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:				Phone:		
Address:				Supervisor:		
Responsibilities				Reason for Leaving:		
Job Title				Dates:	From:	To:
Salary \$	Starting \$		Ending \$	Justify Gap:		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

Company:				Phone:		
Address:				Supervisor:		
Responsibilities				Reason for Leaving:		
Job Title				Dates:	From:	To:
Salary \$	Starting \$		Ending \$	Justify Gap:		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

Full Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
*Last First M.I.*

Company:		Phone:	
Address:		Supervisor:	
Responsibilities		Reason for Leaving:	
Job Title		Dates:	From: To:
Salary \$	Starting \$	Ending \$	Justify Gap:

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Personal References**

Full Name:	Relationship:
Company:	Phone:
Full Name:	Relationship:
Company:	Phone:

**Disclaimer and Signature**

**TO BE READ AND SIGNED BY APPLICANT**

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: \_\_\_\_\_

**Customer Service Representative, Forklift Operators and Violation Taggers  
 Must submit a current Motor Vehicle Report with application. Incomplete applications will not  
 be considered and you will automatically be disqualified from further employment.**

- All prospective employees are required to be:
- \*Submitted for pre-employment drug/alcohol testing;
  - \*Submitted for pre-employment background check;
  - \*Confirmed for employment authorization through E-Verify