

J.R Tharpe Trucking Co., Inc.
Employment Application- Mechanic

Mailing Address:

201 Algerene Road
Drakes Branch, VA 23937

Phone: (434) 767-4384



www.jrtharpetrucking.com

Physical Address:

401 Pisgah Church Road
Rice, VA 23966

Fax: (434) 767-2360

Personal Information

Name: _____
Last
First
Middle

Physical Address: _____
Street
(Apt.)
City/State
Zip

Mailing Address: _____
Street
(Apt.)
City/State
Zip

Contact Information: () - () -
Home Phone
Cell Phone
 E-mail: _____

Date of Birth: _____ Can you provide proof of age?: _____

Social Security #: _____ - _____ - _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

How did you hear about our company? _____

Available start date: _____ Desired Pay Range: _____

Have you ever been convicted of a felony? _____

Do you have the legal right to work in the United States? _____

Do you hold a valid driver's license? _____

Employment History

Name:			Dates:		
Address:			From:		
City	State	Zip	To:		
Position Held:			Reason for Leaving:		
Contact Person:			Phone #:		
Were you subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Employment History (continued)

Name:	Dates:
Address:	From:
City State Zip	To:
Position Held:	Reason for Leaving:
Contact Person:	Phone #:
Were you subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Dates:
Address:	From:
City State Zip	To:
Position Held:	Reason for Leaving:
Contact Person:	Phone #:
Were you subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	Dates:
Address:	From:
City State Zip	To:
Position Held:	Reason for Leaving:
Contact Person:	Phone #:
Were you subject to drug & alcohol testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

Circle the highest Grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4
Last School Attended: _____

Name

City, State

Please list any special experience and qualifications you have. (Use back for extra space.)

If you have any certifications, please list below along with expirations. (Brake Inspector, CPR, Etc. We will need copy of these.)

_____ Exp. _____
_____ Exp. _____
_____ Exp. _____

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.

Signature: _____ Date: _____