

Skills: _____

Previous Employment (begin with most recent position):

Date of Employment: From: ___/___/___ To: ___/___/___ Position Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

May we contact this employer for reference: Yes _____ No _____

Date of Employment: From: ___/___/___ To: ___/___/___ Position Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

May we contact this employer for reference: Yes _____ No _____

Date of Employment: From: ___/___/___ To: ___/___/___ Position Held: _____

Firm: _____ Address: _____

Phone: _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary: _____ Ending Salary: _____

Reason for leaving: _____

May we contact this employer for reference: Yes _____ No _____

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant: _____ Date: _____

Background information:

**** Please type or print. Complete all sections ****

 Last Name First Name MI Date of Birth Social Security #

Home Address for the past 10 Years

Street Address	City	State	Zip	County	MO	YR	TO	MO	YR

Entire Employment History (include Military)

Company Name	Address	Job Title	Supervisor	MO	YR	TO	MO	YR

Education (list most recent first)

School Name	Address	City	State	MO	YR	TO	MO	YR

References

Name	Address	Telephone #	Occupation

In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions, persons, courts, government, law enforcement agencies and former employers to release information they have about me, and release them from any liability and responsibility from doing so.

Drivers License Number: _____ State of Issue: _____

Applicant Signature: _____ Date: _____

All employees of L.J. Brossoit & Sons Inc. must meet these standards:

The following policies and procedures will apply to all prospective and current employees that have access to or operate company owned vehicles:

1. Applicants will not be considered for employment if they –
 - Have been convicted of a DWI or reckless driving within the past three years.
 - Have had any combination of three moving violations and or accidents in the last three years.
2. A motor vehicle record check must be completed prior to any applicants consideration for regular employment.
3. MVR's will be requested and reviewed annually for all employees having access to or who operate a company owned vehicle.
4. A current employee will be placed on six months probation and be required to attend defensive driving school at their own expense if a MVR search reveals any combination of two moving violations and or at fault accidents.

It is our mutual responsibility to insure to the best of our abilities, that the company operates its fleet as safely as possible. This includes hiring new employees that are safe drivers, and encouraging employees to operate our vehicles and their personal vehicles in the safest possible manner.

I hereby agree to meet the above referenced standards. In addition, I authorize L.J. Brossoit & Sons Inc. to check my driving record prior to my employment and every 12 months thereafter with out prior additional notice.

Applicant Signature: _____

Print Name: _____

Date: _____

L.J. Brossoit & Sons Inc.

I am aware that consumer and motor vehicle reports may be obtained as part of L.J. Brossoit & Sons Inc.'s evaluation of my job application and or employment. The reports may be procured by L.J. Brossoit & Sons Inc. or its insurance company representatives, and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my liability for the insurance program, or other consumer reports.

By signing this letter, I hereby provide my authorization for L.J. Brossoit & Sons Inc. or their insurance company representatives to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

<u>Applicant Signature:</u>	
<u>Name as it appears on Driver License:</u>	
<u>Driver License # / State of Issuance</u>	
<u>Date of Birth</u>	