

LBT Transport, Inc.

615 1st Ave NE
PO Box 10
Buffalo Center, IA 50424

641.562.2048
800.458.2048
641.562.2137 (fax)

Application of Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Applying For: Full Time _____ Part Time _____ **Position:** _____

Today's Date _____ **DATE AVAILABLE FOR WORK** _____

General Information

Please print thoroughly in ink. Incomplete applications will not be processed.

Name: Last _____ First _____ Middle _____

Social Security #: _____ - _____ - _____ Birth Date: _____ / _____ / _____ Age _____

Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____

Current Address: _____ City _____ State _____ Zip _____

How long at this address? _____ Past address if less than five years at present address:

Past Address: _____ How long at this address? _____

Education History

Please circle the highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

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

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Employment History:

A complete record of employment for the past ten years is necessary for your application to be processed. Please list your present employer first. **All periods of time must be accounted for during this ten-year period**, including military service, self-employment, non-driving positions and periods of unemployment. Provide **complete address** and **phone numbers**, including area codes and zip codes.

(Use a separate sheet of paper if needed)

From: _____ To: _____ Company Name: _____
Phone: (_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Phone #: _____

From: _____ To: _____ Company Name: _____
Phone: (_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Phone #: _____

From: _____ To: _____ Company Name: _____
Phone: (_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Phone #: _____

From: _____ To: _____ Company Name: _____
Phone: (_____) _____ Street Address: _____
Position: _____ City: _____ State: _____ Zip: _____
Reason For Leaving: _____ Phone #: _____

Personal References (Do not use relatives or former employers):

1. _____ (_____) _____
Name Occupation Phone Number

2. _____ (_____) _____
Name Occupation Phone Number

3. _____ (_____) _____
Name Occupation Phone Number

L.B. Transport, Inc., is an equal opportunity employer.

It is agreed and understood that any misrepresentation given on this document shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate my background to ascertain any and all information of concern to commercial driving record, whether same is of record or not, and I release the employers and persons named herein from all liability for any damages on account of their furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include investigating Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

This certifies that the above information was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____ **Date** _____