



## Western Stabilization Jeffery Trucking Employment Application

You will be contacted when we receive your application. You may be asked to fill out an additional application upon our request. (Please mark weather you are applying for Western Stabilization or Jeffery Trucking at the top of the application.)

APPLICATION FOR EMPLOYMENT										
Personal Information										
Name:										
Address:										
Phone:										
Social Security Number:										
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Data										
Date yo										
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High Sc	hool Name	۵۰	Eu	ucation		Τ,	Graduate?			
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Co		Graduate?								
College Name:							Oraciac:			
Trade/Business School:			Graduate?							
City:			Gradule.							
Subjects of special study										
or training										
Union member?:			If yes, which union?							
Class of drivers license:			<u>, , , , , , , , , , , , , , , , , , , </u>							
Former Employers										
Dates	dress of Emp	ress of Employer		Posi	tion	Reason for Le		aving		
References (Three persons not related to you, who you have known for at least one year.)										
		Address		Business				Years		





I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated without any previous notice.

Further, I understand that *Western Stabilization* is a *Drug Free Employer*, and a preemployment *Drug Screening Test* which conforms with California D.O.T. regulations will be required

Date Signature

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard, or any other similarly protected status.

P.O. Box 1022 395 Industrial Way Dixon, CA 95620 Office: (707) 678-0369 Fax: (707) 678-0911 questions@wstabilization.com www.wstabilization.com