

Hall Industrial Services

1221 E. Murdock St.

Wichita, KS 67214

Tel.: (316) 945-4255 Fax: (316) 945-4494 Email: hr@hallservices.com

Signature of Applicant _____

Date _____

Name _____ Phone:(____) _____
First Middle Last

Current Address _____
Street City Ks Zip

** If at above residence less than 3 years, list below all residences for the past 3 years. Attach a separate sheet of paper if necessary.**

Street City State Zip

Street City State Zip

Position Apply for _____ Part Time _____ Full Time _____

Who Referred You ? _____ Rate of Pay Expected _____

Have you worked for this company before? _____ From _____ to _____
Month/Year Month/Year

Reason for Leaving _____

Names of any relatives employed by this company _____

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

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last School attended: _____
Name Address

General

Have you ever been bonded? _____ Name of Bonding Company _____
(Answer only if a job requirement)

Have you ever been convicted of a felony? _____
If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

References Include only individuals familiar with your work ability. Do not include relatives

Name Address Phone/Years Known

- 1. _____
- 2. _____
- 3. _____

Previous Employers

Most Recent Employer Are you currently working for this employer? Yes _____ No _____ Phone _____

If Yes, may we contact them? _____ Yes _____ No _____ Fax _____

Company Name _____ Address _____ City _____ State _____ Zip _____

From _____ to _____

Date Employed _____ Job Title _____ Supervisor Name _____

Duties _____

Per _____

Pay Rate _____ (Hour, Week, Month) _____ Reason for Leaving _____

Second Most Recent Employer Phone _____ Fax _____

Company Name _____ Address _____ City _____ State _____ Zip _____

From _____ to _____

Date Employed _____ Job Title _____ Supervisor Name _____

Duties _____

Per _____

Pay Rate _____ (Hour, Week, Month) _____ Reason for Leaving _____

Third Most Recent Employer Phone _____ Fax _____

Company Name _____ Address _____ City _____ State _____ Zip _____

From _____ to _____

Date Employed _____ Job Title _____ Supervisor Name _____

Duties _____

Per _____

Pay Rate _____ (Hour, Week, Month) _____ Reason for Leaving _____

Fourth Most Recent Employer Phone _____ Fax _____

Company Name _____ Address _____ City _____ State _____ Zip _____

From _____ to _____

Date Employed _____ Job Title _____ Supervisor Name _____

Duties _____

Per _____

Pay Rate _____ (Hour, Week, Month) _____ Reason for Leaving _____

Maintenance Experience & Qualifications

List Courses and training in maintenance work: _____

Job Function

Indicate Training and experience in the following:	Formal Training Yes/No	Years of Experience	Area	Formal Training Yes/No	Years of Experience
Drive Line Components			Body Work		
Diesel Engine Tune-up And Rebuild			Frame & Wheel Alignment		
Gas Engine Tune-up			Electrical Repair		
Tire Service			Brakes		
Trailer Repair			Cooling Systems		
Air Conditioning			Inspections		
			General Car Care		

Shop Equipment

Indicate Training and experience in the following:	Formal Training Yes/No	Years of Experience	Area	Formal Training Yes/No	Years of Experience
Electrical Diagnostic Equipment					
Sheet Metal Equipment			Tire Recapping Mold		
Frame & Axle Straightening Equipment			Wheel & Tire Balancing Machine		
Engine Rebuilding			Engine Dynamometer		
Diesel Injection Equipment			Magnetic Crack Defector		
Electric Welder			Engine Analyzer		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Inspections		
Air Conditioning			General Car Care		

Clerical Experience & Qualifications

Indicate Training and experience in the following:	Formal Training Yes/No	Years of Experience	Area	Formal Training Yes/No	Years of Experience
Typing (WPM)			Accounting		
Computers (Indicated Software)			Insurance Claims		
Filing			Cashier		
Calculator			Dispatch		
Photocopier			Multi-Line Phones		

Driver Experience & Qualification – Answer the questions in this section only if applying for a driver position.

Date of Birth _____ The U.S. Department of Transportation requires that driver applicants state their date of birth.
 Social Security Number _____ - _____ - _____

Licenses

Drivers Licenses	State	License Number	Class	Endorsement(s)	Expiration Date
Held in the					
Past 3 Years					
Must be					
Shown.					

Circle One

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any licenses, permit or privilege ever been suspended or revoked? Yes No
 C. have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No

Driving Experience

Class of Equipment	Type of Equipment Van, Tank, Flat, etc.	Date From	Date To	Approximate Total Miles
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers-LVC'S				
Other				

List States operated in during the last five years _____

List Special courses or training that will help you as a driver _____

List awards held and who awards were presented by? _____

Accident review for the past 3 Years (Attach a separate sheet of paper if more space is needed)

	Date	Nature of Accident Head On, Rear End, Overturn Etc.	Fatalities Yes/No	Injuries Yes/No
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the past 3 years other then parking violations

Location	Date	Charge	Penalty

Operator Experience & Qualifications

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc...) _____

List courses of training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damage on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of physical examination and drug testing.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

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 an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

_____ Date _____ Applicant Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE
PROCESS RECORD**

Applicant Hired? _____ Date of Birth _____ (month/day/year)

Date Employed _____ Point employed _____

Department _____ Classification _____

(If not hired, summary report of reason should be placed in file)

IN CASE OF EMERGENCY NOTIFY: _____ Phone: (____) _____

Address _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record
1. Application						
2. Interview						
3. Physical Exam *						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Policy and Traffic Record						

*driver applicants only

Signature of Interviewing Officer _____ Date _____

Transfers

From: _____ To: _____ From: _____ To: _____

Date _____ Date _____

Reason for Transfer _____ Reason for Transfer _____

Termination of Employment

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination Report Placed in File _____ Supervisor _____

