



# EVERMILK LOGISTICS, LLC

5422 N State Road 9  
Anderson, IN 46012  
emcomm@evermilk.net

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: M  F

Driver License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Applying for: \_\_\_\_\_

Marital Status: Single  Married

Emergency Contact: \_\_\_\_\_  
First Name Last Name

Contact Number: \_\_\_\_\_ Relation: \_\_\_\_\_

## 1. GENERAL INFORMATION:

- Are you able to perform the essential job functions of the position for which you are applying for with or without reasonable accommodation? Yes  No
- Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically result in bad employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying) Yes  No

## 2. EDUCATION & TRAINING:

*Circle last grade completed*

GRADE—1 2 3 4 5 6 7 8 9 10 11 12

College—1 2 3 4

Masters \_\_\_\_\_

**Last High School Attended/Address:**

\_\_\_\_\_ Graduated (Y or N) \_\_\_\_\_

*Please note any traffic violations that you have received in the last 12 months:*

<u>Date:</u>	<u>Violation:</u>	<u>County:</u>

## COMMERCIAL LICENSE INFORMATION:

State	License No.	Class	Endorsements	Expiration Date

Do you have a current/updated medical certificate/card? YES  NO

Expiration Date of Medical Certificate: \_\_\_\_\_ Date Received: \_\_\_\_\_

Medical Examiner's Name: \_\_\_\_\_

DATE YOU CAN START:

**EMPLOYMENT HISTORY**

Starting with your PRESENT or MOST RECENT employer, list in consecutive order ALL EMPLOYMENT for the past **TEN YEARS**. If currently employed, may we contact your employer? YES  NO

Full Name of Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Position \_\_\_\_\_

<b>Salary</b>	<b>Employed</b>	
	From MO/YR	To MO/YR

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Full Name of Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Position \_\_\_\_\_

<b>Salary</b>	<b>Employed</b>	
	From MO/YR	To MO/YR

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Full Name of Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Position \_\_\_\_\_

<b>Salary</b>	<b>Employed</b>	
	From MO/YR	To MO/YR

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Full Name of Company \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Title of Position \_\_\_\_\_

<b>Salary</b>	<b>Employed</b>	
	From MO/YR	To MO/YR

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

**READ CAREFULLY:** I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_