



CPCN#3069
2024 Losee Road
North Las Vegas, NV. 89030

CPCN# 7008

CPCN# 7049

16325 S. Crawford Ave.
Markham, IL 60428

Employment Application

Applicant Information

Full Name:	Last	First	M.I.	Date:	
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Address History for The Past 3 Years:

ADDRESS	CITY, STATE and ZIP	DATE
		/CURRENT

Phone :		Email:	
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Date Available:		Social Security No.:	
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Position Applied for:	
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Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Do you currently know someone that is employed with our company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referred by:	

Full Name: _____ SS#: _____
Last First M.I.

CUSTOMER SERVICE REPRESENTATIVE, FORKLIFT OPERATORS & VIOLATION TAGGERS ONLY

Accident Record for past 3 years. If no accidents within the last 3 years – check here: ☐

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
Last Accident			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Next Previous			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions & Forfeitures for past 3 years (other than parking violations).

If no traffic convictions and/or forfeitures within the last 3 years – check here: ☐

LOCATION	VEHICLE TYPE	DATE	CHARGE	PENALTY

I certify that I do not have more than one motor vehicle license. My current license information is below:

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No
- B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS:

Education

High School: _____ Address: _____

Did you graduate: ____YES____NO Diploma: _____

College: _____ Address: _____

Did you graduate: YES NO Diploma: _____

Other: _____ Address: _____

Did you graduate: YES NO Diploma: _____

Full Name: _____ SS#: _____
Last First M.I.

Previous Employment History

Candidates applying at URT must provide the last 3 years of employment history.

All gaps in employment of 30 days or more must be explained. You are required to list the complete mailing address: street number, city, state, zip code, and phone number including area code. **Please list employers in reverse order starting with the most recent.**

Company:					Phone:		
Address:					Supervisor:		
Responsibilities					Reason for Leaving:		
Job Title					Dates:	From:	To:
Salary \$	Starting \$		Ending \$	Justify Gap:			

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:					Phone:		
Address:					Supervisor:		
Responsibilities					Reason for Leaving:		
Job Title					Dates:	From:	To:
Salary \$	Starting \$		Ending \$	Justify Gap:			

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:					Phone:		
Address:					Supervisor:		
Responsibilities					Reason for Leaving:		
Job Title					Dates:	From:	To:
Salary \$	Starting \$		Ending \$	Justify Gap:			

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Full Name: _____ SS#: _____
Last First M.I.

Company:					Phone:	
Address:					Supervisor:	
Responsibilities					Reason for Leaving:	
Job Title					Dates:	From: To:
Salary \$	Starting \$		Ending \$	Justify Gap:		

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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Personal References

Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	

Disclaimer and Signature

TO BE READ AND SIGNED BY APPLICANT

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

**Customer Service Representative, Forklift Operators and Violation Taggers
Must submit a current Motor Vehicle Report with application. Incomplete applications will not
be considered and you will automatically be disqualified from further employment.**

All prospective employees are required to be:

- *Submitted for pre-employment drug/alcohol testing;
- *Submitted for pre-employment background check;
- *Confirmed for employment authorization through E-Verify