

S.A. GRAHAM CO., INC.
PO BOX 726
BRUNDIDGE, ALABAMA 36010

APPLICATION FOR EMPLOYMENT

(answer all questions - please print)

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, or non-job related disability.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____

 Last First Middle

Phone Number _____

Current Address _____

Street _____ City _____

State _____ Zip Code _____ How Long _____

Address for Past Three Years:

Street _____ City _____ State & Zip Code _____ How Long _____

Street _____ City _____ State & Zip Code _____ How Long _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

(Required for Truck Drivers)

Have you worked for this company before? _____ Where _____

Dates: From: _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Expected rate of pay _____

Is there any reason you might be unable to perform the functions of the job for which you have applied
(as described in the attached job description)?

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employment during the preceding three years.

Applicants to drive a commercial motor vehicle in interstate or intrastate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with most recent. Add another sheet if necessary.)

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
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CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP CODE	SALARY/WAGE	
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING (OTHER THAN ALREADY SHOWN IN THIS APPLICATION)

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

ACCIDENT RECORD FOR PAST THREE YEARS OR MORE (ATTACH SHEET IF NECESSARY)

DATES	NATURE OF ACCIDENT (HEAD ON, REAR END, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED.

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE #	TYPE	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, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP. (VAN, TANK, FLAT)	FROM	TO	APPROX. NO OF MILES (TOTAL)
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given on my application or in interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

_____ DATE _____ APPLICANT'S SIGNATURE _____

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED SUMMARY REPORT OF REASONS SHOULD BE PLACED ON FILE)

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

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ONFILE
APPLICANT						
INTERVIEW						
PAST EMPLOY.						
WRITTEN EXAM						
CRIMINAL AND TRAFFIC CONV.						
ROAD TEST						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____
 DATE: _____
 REASON: _____

FROM: _____ TO: _____
 DATE: _____
 REASON: _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED: _____ DEPT. RELEASED FROM: _____

S. A. Graham Company, Inc.

GENERAL CONTRACTORS



OFFICE: (334) 735-2362

FAX: (334) 735-2363

U.S 231 BYPASS
P.O. BOX 726
BRUNDIDGE, AL 36010

Date: _____

Insured: _____

MOTOR VEHICLE REPORT CONSENT

I hereby consent and authorize S.A. Graham Co., Inc. to obtain a copy of my Motor Vehicle Report (herinafter "MVR") from the applicable Department of Motor Vehicles, and to use such MVR for the purpose(s) these entities deem appropriate. I understand that the MVR obtained may or may not be used for insurance/underwriting purposes or to verify information that I have provided to a potential employer. I also understand that said MVR may be obtained from a consumer reporting agency and I so authorize such method.

Drivers' Name

Driver's License Number/State

Date of Birth

X _____
Driver's Signature