



## Application for Employment

Apply in person at 4220 W. Reno, Oklahoma City, OK 73107 or Contact Katie @ 405-945-8511, boydhr@clboyd.com

We are an equal opportunity employer. Race, color, religion, sex, disability and national origin or any other basis protected by statute are not factors in employment, promotion and compensation. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment.

### PERSONAL INFORMATION:

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

Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip Code

Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_

Have you applied for Employment here before? \_\_\_\_\_ Yes \_\_\_\_\_ No When? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No (Conviction will not necessarily disqualify an applicant for employment.) If Yes, describe conditions: \_\_\_\_\_

### EMPLOYMENT DESIRED:

Salary Desired? \_\_\_\_\_

Position: \_\_\_\_\_ Are you employed Now? \_\_\_\_\_ Date You are available? \_\_\_\_\_

Do you have a legal right to be employed in the U.S.? Yes \_\_\_\_\_ If yes, you will be required if hired. No \_\_\_\_\_

### EDUCATION:

Name, location, year beginning and year ending

Grammar School: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Course of Study? \_\_\_\_\_ Degree? \_\_\_\_\_

Vocational Training – Trade or Business Schools –Other—provide Name of School, location, years, subjects, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special training, skills, languages, machine operation, etc.** In addition to your work history (next page), what other experiences, skills or qualifications would especially fit you for work with C L Boyd.

\_\_\_\_\_  
\_\_\_\_\_

## PREVIOUS EMPLOYERS

Please Note: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers are critical.

### MOST RECENT EMPLOYER

Are you currently working for this employer? \_\_\_\_\_

If yes, may we contact? \_\_\_\_\_

---

Company Name	City	State	Zip Code
Dates Employed From:		To:	
Phone Number	month/year	month/year	
Job Title	Supervisor		
Duties: _____			
_____			
Per	Reason for Leaving: _____		
Salary	hour, week, month		

---

### SECOND MOST RECENT EMPLOYER

---

Company Name	City	State	Zip Code
Dates Employed From:		To:	
Phone Number	month/year	month/year	
Job Title	Supervisor		
Duties: _____			
_____			
Per	Reason for Leaving: _____		
Salary	hour, week, month		

---

### THIRD MOST RECENT EMPLOYER

---

Company Name	City	State	Zip Code
Dates Employed From:		To:	
Phone Number	month/year	month/year	
Job Title	Supervisor		
Duties: _____			
_____			
Per	Reason for Leaving: _____		
Salary	hour, week, month		

---

**FOURTH MOST RECENT EMPLOYER**

---

Company Name	City	State	Zip Code
Dates Employed From:		To:	
Phone Number	month/year	month/year	
Job Title	Supervisor		
Duties: _____			
_____			
Per	Reason for Leaving: _____		
Salary	hour, week, month		

---

**Other Employers (If Applicable)**

Date: Month & Year	Name and Address	Salary Reason for Leaving
From:	_____	
To:	_____	
From:	_____	
To:	_____	
From:	_____	
To:	_____	

---

**REFERENCES:** Do not include relatives. Include only individuals familiar with your work ability.

Name	Address and Phone Number	Years Acquainted
1.	_____	
	_____	
2.	_____	
	_____	
3.	_____	
	_____	
4.	_____	
	_____	

In Case of emergency, please notify: \_\_\_\_\_

Name	Phone Number
------	--------------

**Employment Limitations:**

Can you perform the essential functions of this job with or without reasonable accommodation? Yes\_\_\_ No\_\_\_  
The question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. This issue may be addressed at a later stage to the extent permitted by law.

Comments: \_\_\_\_\_

**CERTIFICATION AND RELEASE AUTHORIZATION**  
**In connection with my application for employment**  
**To: C L Boyd Company, Inc.**

In connection with my application for employment, I, \_\_\_\_\_, understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment.

I understand that, as directed by C L Boyd Company policy and consistent with the job described, C L Boyd may be requesting information from public and private sources about my: Driving record, criminal record, education, credit and previous employment.

As a condition of my employment, or consideration of my application for employment at C L Boyd Company, or any division thereof, I voluntarily consent to submit to a pre-employment physical which will include: urine drug screen testing; alcohol tests using any method prescribed or allowed by law; or any other type tests in accordance with C L Boyd Company policy or as required by federal regulation. I understand that the purpose of such drug or alcohol testing is to determine if I have engaged in the misuse of alcohol or any substance that may impair or interfere with my ability to safely operate a commercial motor vehicle or to otherwise safely perform any job requirement.

I understand that C L Boyd Company may use a third party to administer the drug or alcohol program and hereby authorize the release of any and all of the results to which C L Boyd Company is entitled to this administrator subject to the same confidentiality requirements to which C L Boyd Company is subject.

I voluntarily consent to submit to an on-line profile test with Profiles International, Inc. I understand that the purpose of this profile test is to assist in identifying my strengths, interests and best job match with C L Boyd employment positions. I hereby grant my permission for C L Boyd Company to receive the results of my profile evaluation.

I hereby voluntarily release all persons and entities from any claims or liabilities for releasing the above information or results of my test to those previously identified.

I understand that employment at C L Boyd is "at will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the C L Boyd Company, except the president who will do so in writing, has any authority to alter the foregoing.

I certify that I have read and understand the foregoing, and that the answers given by me to the questions on my Application for Employment and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in my application my result in rejection of my application or discharge at any time during my employment. I authorize C L Boyd Company or its agents, including consumer reporting bureaus for employment purposes to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Mark X here \_\_\_\_\_ If applicant desires a copy of their consumer report from the TransUnion be forwarded directly to them from TransUnion at the time C L Boyd Company requests a copy of their consumer report and complete the following information directing TransUnion to mail report directly to them. C L Boyd Company Subscriber \_\_\_\_\_.

Mail to me at:

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

I also understand it is necessary I provide my Social Security number to TransUnion in order to receive my report: City, State, Zip  
Social Security Number \_\_\_\_\_