Astleford International Trucks, Inc.
Astleford Idealease, Inc.
3000 Broadway Street NE
Minneapolis, MN 55413
Phone (612) 378-1660   Fax (612) 378-2646

Employment Application

Referred by:

Applicant Information

Full Name: _____ Date: _____
Last   *First*   *M.I.*

Current
Address: _____
Street   *City*   *State*   *ZIP Code*

Previous
Address: _____
Street   *City*   *State*   *ZIP Code*

Phone: _____ Email: _____

Are you 18 years or older?   YES ☐   NO ☐

Position Applied for: _____ Date Available: _____

Are you a United States Citizen or legally eligible to work in the U.S.? (*If hired, you will be required to provide documentation that you are eligible to work in the U.S.*)   YES ☐   NO ☐

Have you ever worked for Astleford?   YES ☐   NO ☐   If yes, when? _____

If required for the position in which you are applying, include your driver's license number and type.
Driver's License No. _____

☐ Minnesota Class A   ☐ Minnesota Class B   ☐ Minnesota Class D   ☐ Other: State _____ Class_____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate?   YES ☐   NO ☐

College: _____ Address: _____

From: _____ To: _____ Did you graduate?   YES ☐   NO ☐   Degree/Diploma _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate?   YES ☐   NO ☐   Degree/Diploma _____

Please list any relevant professional licenses or certifications: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:$ _____ Ending Salary:$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

References

Please list three professional references.

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

References

Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Applicant Statement

I certify that the above information is true and complete to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts on this application may result in rejection of my application, or discharge at any time during my employment. I authorize investigation of all statements and matters contained in this application which Astleford International may deem relevant to my employment.   I authorize any former employer, government agency, or person to give Astleford International Trucks information they have concerning me or my record. I release Astleford International Trucks and all providers of information from all claims or liabilities as a result of furnishing and receiving this information.

A pre-employment physical, including a drug test for illegal drugs, will be administered if a conditional offer of employment is made. I agree to a drug test prior to final acceptance of employment, and at subsequent intervals during employment.

This application is not an employment agreement or contract. If I accept an offer of employment, I understand that Astleford International may terminate my employment at any time, with our without cause and without prior notice, unless required by law.

My signature certifies that I have read and agree with the above statements.

Signature: _____ Date: _____