

COLE SHOWS AMUSEMENT COMPANY
5311 INDIAN DRAFT RD
COVINGTON, VA 24426
PH: 540-965-4553 FX: 540-969-0170
EMAIL: info@colerides.com
www.colerides.com

EMPLOYEE APPLICATION / INFORMATION RECORD
(Please fill in all blanks – mark n/a if it does not apply)

APPLICANT NAME:

FIRST: _____ MIDDLE: _____ LAST: _____

ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CITY AND STATE WHERE YOU WERE BORN: _____

HIGHEST LEVEL OF EDUCATION COMPLETED: _____ MARITAL STATUS: _____

MAILING ADDRESS FOR W2'S: (if different than above) _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ADDRESS: _____

FEDERAL WITHHOLDING ALLOWANCES CLAIMED: _____ FILING STATUS: (M/S) _____

STATE WITHHOLDING ALLOWANCES CLAIMED: _____ FILING STATUS: (M/S) _____

JOB APPLYING FOR: _____

PRE-EXISTING HEALTH CONDITIONS: _____

EMPLOYMENT HISTORY:

CURRENT EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____

EMPLOYMENT DATES: _____

REASON FOR LEAVING: _____

NAME OF 1st PREVIOUS EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____

REASON FOR LEAVING: _____

NAME OF 2nd PREVIOUS EMPLOYER: _____ PHONE NUMBER: _____

ADDRESS: _____

REASON FOR LEAVING: _____

CAN WE CONTACT YOUR FORMER EMPLOYERS: () YES () NO

CAN YOU BEGIN WORK IMMEDIATELY? () YES () NO

WHEN WILL YOU BE AVAILABLE? _____

DO YOU HAVE A CURRENT CDL LICENSE: () YES () NO

IF YOU ANSWERED YES TO THE CDL LICENSE, PLEASE FILL OUT THE CDL PORTION ON PAGE 3

HAVE YOU EVER BEEN CONVICTED OF A CRIME: () YES () NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE PROVIDE THE FOLLOWING:

CONVICTION/CRIME: _____

DATE OF CONVICTION: _____

STATE OF CONVICTION: _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND I GIVE EMPLOYER PERMISSION TO CONDUCT BACKGROUND CHECKS AND DRUG/ALCOHOL TESTING.

SIGNATURE OF APPLICANT/EMPLOYEE

DATE

INCLUDE A COPY OF YOUR CURRENT DRIVERS PERMIT, ID AND/OR HEALTH CARD WITH APPLICATION TO:

COLE SHOWS AMUSEMENT COMPANY 5311 INDIAN DRAFT RD COVINGTON, VA 24426 or EMAIL to: info@colerides.com

ADDITIONAL INFORMATION FOR CDL APPLICANTS

FIRST: _____ MIDDLE: _____ LAST: _____

CDL / DRIVERS LICENSE NUMBER: _____ CDL STATE: _____

DRIVING EXPERIENCE:
YEARS of EXPERIENCE: _____

TRUCK EXPERIENCE (check all that apply)

- () Van
- () Flatbed
- () Other _____

CDL ENDORSEMENTS: (check all that apply)

- () Haz-Mat
- () Doubles/Triples
- () Non-CDL Licensed Driver

NUMBER OF ACCIDENTS: (fill in all that apply)

- () In the last year
- () In the last 3 years
- () In the last 5 years

NUMBER OF MOVING VIOLATIONS: (fill in all that apply)

- () In the last year
- () In the last 3 years
- () In the last 5 years

IF ANY ITEMS ARE CHECKED ABOVE, PLEASE PROVIDE ADDITIONAL DETAIL (include type of violation, date of offence, city, state): _____

- HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? () YES () No
- HAVE YOU EVER BEEN CITED FOR DUI/DWI? () YES () No
- HAVE YOU EVER BEEN CONVICTED OF A FELONY? () YES () No

IF YES, PLEASE PROVIDE ADDITIONAL DETAIL (include type of violation, date of violation, city, state): _____

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