



3535 Brady Lane
 Lafayette, IN 47909
 765.838.8346
careers@maximuslogisticscompany.com
www.maximuslogisticscompany.com

Application for Employment

Applicant's Information				
First Name _____ Last Name _____	Social Security Number - - Phone Number - -			
				Email
Street	City, State	Zip	County	Alternate Phone Number
				- -
Street	City, State	Zip	County	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Street	City, State	Zip	County	
*Please list all previous addresses for the past 7 years if different then current address				
Recruitment Information				
Position Applying For				

Available to Work Full-time Part-time

Or Specify Shift Preferences 1st Shift 2nd Shift 3rd Shift

Other(s) _____

What days and hours are you available to work?

- Mondays from _____ am / pm (mark one) to _____ am / pm (mark one)
- Tuesdays from _____ am / pm (mark one) to _____ am / pm (mark one)
- Wednesdays from _____ am / pm (mark one) to _____ am / pm (mark one)
- Thursdays from _____ am / pm (mark one) to _____ am / pm (mark one)
- Fridays from _____ am / pm (mark one) to _____ am / pm (mark one)
- Saturdays from _____ am / pm (mark one) to _____ am / pm (mark one)
- Sundays from _____ am / pm (mark one) to _____ am / pm (mark one)

How did you learn about this company and position?

- Job advertisement (identify publication or other media):
- Employee referral (identify employee):
- Other (please specify):

Have you previously worked at our company? Yes No

If yes, under what conditions did you leave employment before?

Education

For each level of schooling below, please write the school name, the city and state where it is located, your major and minor subjects, and the degree or diploma you received.

High **School**

College **1**

College **2**

Graduate **School**

Business, Trade, or Other Schools

Work History

Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.

Employer 1 (current or most recent)

Company **Name**

Address

Dates **Employed**

Job **Title(s)** **Held**

Job Responsibilities

Name of Immediate Supervisor(s)

Employer 2

Company

Name

Address

Dates

Employed

Job

Title(s)

Held

Job Responsibilities

Name

of

Immediate

Supervisor(s)

Employer 3

Company

Name

Address

Dates

Employed

Job

Title(s)

Held

Job Responsibilities

Name

of

Immediate

Supervisor(s)

Applicant Consent

Please carefully read the statements below and initial each one to indicate that you understand and agree to the terms stated. Then sign this form at the bottom.

I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

I give consent to **Maximus Logistics** to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against the employers and individuals contacted as my references, provided the information they supply is honest, factual and given without malice.

Applicant's Signature Date

Company Purposes Only

Interviewer's Signature Date