



**PO Box 663  
Richmond, Virginia 23218-0663**

## RICHMOND EXPRESS, INC APPLICATION FOR EMPLOYMENT

Richmond Express Inc. is an affirmative action employer. All statements made by applicants for employment will be carefully checked for accuracy. Any misrepresentation or omission will be considered a breach of Richmond Express's interest and will be grounds for disqualification for employment consideration. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, handicap or veteran's status. The use of this form does not obligate Richmond Express in any way. This application will remain in an active file for thirty (30) days and if you wish to be considered after that time, you must reapply in person.

### PERSONAL INFORMATION

Name (Print) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Tax forms will be sent here) No. Street Apt. City State ZIP

Present Address \_\_\_\_\_  
No. Street Apt. City State ZIP

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ SSN \_\_\_\_\_

Cell Phone \_\_\_\_\_ E Mail Address \_\_\_\_\_

Are you over the age of 18?  Yes  No Are you over the age of 21?  Yes  No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ If no, employment is subject to verification that you are the minimum legal age to hold the job you are applying for. Are you eligible to work in the United States?  Yes  No (If not a citizen of the U.S., you must be able to provide Form I-51 or Form I-94 as proof that you can legally be employed in the United States.)

### EDUCATION

Type of School	Name and Address of School	Major	Highest year Completed	Graduated (Yes/No) Give Degrees
High School				
College				

### EMPLOYMENT HISTORY

Have you applied for a job with us before?  Yes  No Have you ever worked with us before?  Yes  No

How did you come to apply?  Employee Referral  Former Employee  Newspaper  Walk-in  Other \_\_\_\_\_

Have you ever been bonded?  Yes  No Have you ever been refused bond?  Yes  No If yes, state reason and date.  
 \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, state date, court and place where offense occurred.  
 \_\_\_\_\_

Do you have a valid driver's license?  Yes  No Has your privilege to drive ever been revoked or suspended?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

Does your current employer know you plan an employment change?  Yes  No

Why do you desire to make a change? \_\_\_\_\_ Have you ever held a position of trust (handling money or confidential material)?  Yes  No How much time have you lost during this past year? \_\_\_\_\_

Do you currently have Health insurance or Obamacare  Yes  No

How soon could you report to work? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Type of employment  Full Time  Part Time  Temporary What days and hours can you work? Days \_\_\_\_\_ Hours \_\_\_\_\_  
 From ( ) AM ( ) PM

**PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)**

1. Name and Address of Current Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name and Address of Most Recent Employer		Telephone No.
Immediate Supervisor (Name & Position)	Date Hired	Starting Rate
Job Title & Duties	Date Left	Last Rate
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REFERENCES (Do not list relatives or former employers)**

Name _____	Address _____	Occupation _____
Name _____	Address _____	Occupation _____
Name _____	Address _____	Occupation _____

**AUTO INFORMATION**

Year _____	Make _____	Model _____	Approx. Mileage _____	License # _____	ST _____	VIN _____
Year _____	Make _____	Model _____	Approx. Mileage _____	License # _____	ST _____	VIN _____

**APPLICANT'S AGREEMENT AND CERTIFICATION**

All of the information given by me on this application and in any interview is true in all respects, and I agree that if employed and it is found to be false in anyway, that I may be subject to dismissal without notice, if and when discovered. I authorize the use of any information in this application process to verify my statements, and I authorize the past employers, doctors, all references and other persons to answer all questions asked concerning my ability, character, reputation, skills, and previous employment record. I release all persons from any liability or damages as a result of furnishing such information. I authorize Richmond Express, Inc. to investigate my driving record through the state of my driver's license issue. I further understand that the employment relationship may be terminated at any time by either the employer or the employee without notice. I agree to submit to a physical examination whenever requested, before or during my possible employment at Richmond Express, Inc. I hereby authorize a specified health facility to collect and analyze a sample of my body fluids for the purpose of drug screening. The results of this test will be sent to Richmond Express, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE NOTE: WE DRUG TEST ALL PROSPECTIVE APPLICANTS AND RANDOM DRUG SCREEN OUR EMPLOYEES THROUGHOUT THE YEAR. IF YOU USE DRUGS, PLEASE DO NOT APPLY.**