

**Leeway, Inc.**  
**AN EQUAL OPPORTUNITY EMPLOYER**  
**APPLICATION FOR EMPLOYMENT**

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

**PERSONAL INFORMATION**

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

Present Address: \_\_\_\_\_  
Number, Street, Apt., City, State, Zip Code

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Personal Email Address (printed): \_\_\_\_\_

Position Desired: \_\_\_\_\_

Are you 18 years or older? (circle one)                      YES                      NO

Are you authorized to work lawfully in the United States for Leeway, Inc.? (circle one)                      YES                      NO

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Are you employed now? (circle one)                      YES                      NO

Who referred you to Leeway, Inc.?

State Job Agency \_\_\_\_ Employment Agency \_\_\_\_ Newspaper Ad \_\_\_\_ Friend \_\_\_\_ Relative \_\_\_\_ Website \_\_\_\_ Walked In \_\_\_\_

Do you have a relative currently working at Leeway, Inc.? (circle one)                      YES                      NO

\*\*\*\*\*

**EDUCATIONAL INFORMATION**

Name and Location of School	Number of Years Attended	Graduated
High School: _____	1	YES    NO
_____	2	
_____	3	
_____	4	
College: _____	1	YES    NO
_____	2	
_____	3	
_____	4	
Post Graduate: _____	1	YES    NO
_____	2	
_____	3	
_____	4	
Trade or Business School: _____	1	YES    NO
_____	2	
_____	3	
_____	4	

Special Training or Skills: \_\_\_\_\_

\_\_\_\_\_

**WORK INFORMATION**  
**Start with Current or Most Recent Employer**

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

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Telephone Number: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

-----  
Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Telephone Number: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

-----  
Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip Code

Telephone Number: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**DRUG AND ALCOHOL SCREENING**

I understand that if I am a qualified candidate for a job opening, I will be required to undergo a drug and alcohol screening with a subsequent negative result as a condition of employment. The signing of this form is my permission for Leeway, Inc. or its agent to take samples of my urine and perform a drug screening on such samples and to take samples of my breath and perform an alcohol screening on such samples. Further, I give my consent for the release of the test results to authorized company management for appropriate review.

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

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

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize a background check including but not limited to an investigation of all statements contained herein and the employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

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

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