



Employment Application

Fax: (847) 289-1472

e-Mail: Service@LuckysEnergy.com

Date _____

If you have any questions please call **customer service** at (847)630-2943

Position Applied For _____

Telephone # (____) _____ - _____

Name _____
Last First Middle

Social Security # _____ - _____ - _____

Address _____
Street City State Zip

List All Addresses for Past 7 Years

_____	_____	_____	_____	_____	How Long? _____
Street	City	State	Zip		
_____	_____	_____	_____	_____	How Long? _____
Street	City	State	Zip		
_____	_____	_____	_____	_____	How Long? _____
Street	City	State	Zip		
_____	_____	_____	_____	_____	How Long? _____
Street	City	State	Zip		

Are You a U.S. Citizen? YES NO

Who Referred You? _____

Date of Birth
MM / DD / YYYY ____ / ____ / _____

Can You Provide Proof of Age? YES NO

Are You Currently Employed? YES NO

If Not, How Long Since Last Employment? _____

Physical History

List Any Handicap That Prevents You From Doing Certain Kinds of Physical Work: _____

Ever Injured on the Job? YES NO

Give the Nature and Degree of Injuries _____

Are You Willing To Take a Physical Examination? YES NO

How Much Time Have You Lost from Work Due to Illness in the Past 3 Years? _____



Employment Application

cont.

Date _____

Applicant Name _____

Employment for the Past 10 Years
ATTACH ADDITIONAL SHEETS AS NECESSARY

Employer Name _____ Telephone (____)____-____

Address _____
City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____ Supervisor's Name _____

Employer Name _____ Telephone (____)____-____

Address _____
City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____ Supervisor's Name _____

Employer Name _____ Telephone (____)____-____

Address _____
City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____ Supervisor's Name _____

Employer Name _____ Telephone (____)____-____

Address _____
City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____ Supervisor's Name _____

Employer Name _____ Telephone (____)____-____

Address _____
City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____ Supervisor's Name _____

Employer Name _____ Telephone (____)____-____

Address _____
City State Zip

Position Held _____ From _____ To _____ Salary _____

Reason for leaving _____ Supervisor's Name _____



Employment Application

cont.

Date _____

Applicant Name _____

Military Status

Have You Served in the U.S. Armed Forces? YES NO

Branch _____ From _____ To _____

DD 214 Available? YES NO

Date of Discharge _____

Education

Highest Grade Completed 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Degree YES NO

Driver Qualifications

LIST ALL DRIVERS LICENSES HELD DURING PREVIOUS 10 YEARS

A)	Have you ever been denied a license, permit, or privilege to operate a motor vehicle?	YES	NO	State	License #	License Type	Expiration Date
B)	Has any license, permit, or privilege has ever been suspended or revoked?	YES	NO	_____			

If the answer to either A or B is yes, attach statement giving details				_____			

Driving Experience

Class	Equipment Type (Van, Tank, Flat, Etc.)	Dates		Miles
		From	To	
Straight Truck	_____	_____	_____	_____
Tractor / Trailer	_____	_____	_____	_____
Doubles, Triples	_____	_____	_____	_____
Other	_____	_____	_____	_____
_____	_____	_____	_____	_____

List States Operated in During Last 7 Years _____

Do You Hold Any Safe Driving Awards? YES NO

From Whom? _____



Employment Application

cont.

Date _____

Applicant Name _____

Accident Record From Last 7 Years

ATTACH ADDITIONAL SHEETS AS NECESSARY

Accident Date	Type of Accident <small>(Head-on, Rear-end, Rollover, etc.)</small>	Fatalities	Injuries

Traffic Convictions From Last 7 Years

OTHER THAN PARKING VIOLATIONS

Incident Date	Location	Offense	Penalty

A)	Have You Ever Been Convicted of an Offense Involving Alcohol or Drugs While Operating a Motor Vehicle?	YES	NO
B)	Have you Ever Been Discharged for Violation of Federal Motor Carrier Safety Regulations?	YES	NO
If the answer to either A or B is yes, attach statement giving details			



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cont.

Date _____

Applicant Name _____

Maintenance Qualifications

INDICATE YOUR EXPERIENCE WITH THE EQUIPMENT THAT YOU CAN OPERATE AND/OR REPAIR

Equipment	Able to Operate	Years of Experience
Engine Hoist	<input type="checkbox"/>	_____
Forklift	<input type="checkbox"/>	_____
Grinder / Cutter	<input type="checkbox"/>	_____
Hoist / Jack	<input type="checkbox"/>	_____
MIG / TIG Welding	<input type="checkbox"/>	_____
Sheet Metal Equipment	<input type="checkbox"/>	_____

Equipment	Able to Repair	Years of Experience
Air Break Rebuild / Service	<input type="checkbox"/>	_____
Air Conditioning Service	<input type="checkbox"/>	_____
Alignment Service	<input type="checkbox"/>	_____
Clutch Service	<input type="checkbox"/>	_____
Differential Rebuild	<input type="checkbox"/>	_____
Engine Rebuild / Overhaul	<input type="checkbox"/>	_____
Suspension Service	<input type="checkbox"/>	_____
Tank Trailer Service / Inspection	<input type="checkbox"/>	_____
Transmission Service / Overhaul	<input type="checkbox"/>	_____
Vehicle Electrical Systems	<input type="checkbox"/>	_____
Wheel & Tire Service	<input type="checkbox"/>	_____
Other		_____

Do You Have Your Own Tools? YES NO

List Professional Certifications Held _____

Clerical Qualifications

INDICATE TRAINING AND EXPERIENCE IN THE FOLLOWING AREAS

Skill	Training	Years of Experience
Accounting AR / AP	<input type="checkbox"/>	_____
Billing	<input type="checkbox"/>	_____
Claims	<input type="checkbox"/>	_____
Calculator	<input type="checkbox"/>	_____
Cashier	<input type="checkbox"/>	_____
Dispatching	<input type="checkbox"/>	_____

Skill	Training	Years of Experience
Phones	<input type="checkbox"/>	_____
Windows PC	<input type="checkbox"/>	_____
Typing	<input type="checkbox"/>	_____
OS & D	<input type="checkbox"/>	_____
Microsoft Office	<input type="checkbox"/>	_____
Payroll	<input type="checkbox"/>	_____

List Professional Certifications Held _____

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT I PREPARED THIS APPLICATION AND THAT ALL INFORMATION IS TRUE AND COMPLETE. I AUTHORIZE YOU TO MAKE INVESTIGATIONS AS TO MY EMPLOYMENT, MEDICAL, FINANCIAL, AND OTHER RELATED MATTERS NECESSARY TO MAKE AN EMPLOYMENT DECISION. I HEREBY RELEASE ANYONE RESPONDING TO THESE INVESTIGATIONS OF ALL LIABILITY RELATED TO THE RELEASE OF SUCH INFORMATION. I UNDERSTAND THAT FALSE AND MISLEADING INFORMATION IN THIS APPLICATION AND INTERVIEW(S) IS CAUSE FOR DISMISSAL. IF HIRED, I AGREE TO ABIDE BY ALL LAWFUL RULES AND REGULATIONS OF THE COMPANY.

Applicant's Signature _____

Date ___/___/_____

Leased Rejected Date ___/___/_____

Classification _____

Signature of Interviewing Officer _____

Termination Date ___/___/_____



Employment Application

cont.

Date _____

Applicant Name _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I HEREBY AUTHORIZE YOU TO RELEASE THE FOLLOWING INFORMATION TO LUCKY'S ENERGY SERVICE, INC. FOR THE PURPOSE OF INVESTIGATION AS REQUIRED BY SECTION 391.23 AND SECTION 383.35 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. YOU ARE RELEASED FROM ANY AND ALL LIABILITY THAT MAY RESULT FROM FURNISHING SUCH INFORMATION.

Applicant's Signature		Date	___/___/_____
Previous Employer			
Phone	(____) _____ - _____	Fax	(____) _____ - _____
Attn.			

The below named person has made application to this company for a position as a _____ and states that he/she was employed by you as a _____ from ___/___/_____ to ___/___/_____. Please complete the information requested below at your earliest convenience. Thank you for your time and courtesy.

Name Of Applicant _____ SSN _____ - _____ - _____

Are Dates Of Employment Correct? YES NO If NO, Please Provide Correct Dates ___/___/_____ to ___/___/_____

Type Of Vehicle Operated Tractor-Semitrailer Straight Truck Bus Other

Please Supply List Of Accidents During Last 3 Years

	D.O.T. Reportable?	YES	NO	Preventable?	YES	NO
_____	D.O.T. Reportable?	YES	NO	Preventable?	YES	NO
_____	D.O.T. Reportable?	YES	NO	Preventable?	YES	NO
_____	D.O.T. Reportable?	YES	NO	Preventable?	YES	NO
_____	D.O.T. Reportable?	YES	NO	Preventable?	YES	NO

Reason for Leaving Discharged Resigned Layoff Other

REQUEST FOR INFORMATION CONCERNING ALCOHOL AND CONTROLLED SUBSTANCE TESTING IN COMPLIANCE WITH SECTION 382.405 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Was this person subject to section 382 testing requirements?	YES	NO
Has this person tested positive for controlled substances in the last 3 years?	YES	NO
Has this person ever had an alcohol test reading of 0.04 or greater during the last 3 years?	YES	NO
Has this person ever refused a required test during last 3 years?	YES	NO

Completed By _____

Title _____ Date ___/___/_____



Employment Application

cont.

Date _____

Applicant Name _____

Name _____
Last First Middle

Social Security # _____

Drivers License # _____ State _____ Maiden Name _____

Address _____
Street City State Zip

List All Addresses for Past 7 Years

Street	City	State	Zip	Dates
Street	City	State	Zip	Dates
Street	City	State	Zip	Dates
Street	City	State	Zip	Dates

SECURITY: Have you ever been convicted of an offense against the law (other than a minor traffic violation), or are you now under charges for any offense against the law? YES NO

If Yes, Please Explain _____

Listed Criminal Offenses will not necessarily bar you from employment with Lucky's Energy Service, Inc.

AUTHORIZATION & GENERAL RELEASE

I hereby authorize LUCKY'S ENERGY SERVICES, INC. and all of their agents (FIRST ADVANTAGE) to request and receive any information and records concerning me, including but not limited to consumer credit, criminal record history, worker's comp., driving, employment, military, civil and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers.

I further release and discharge LUCKY'S ENERGY SERVICES, INC. and all of its subsidiaries and affiliates, and every employee or agent of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to LUCKY'S ENERGY SERVICES, INC. for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that LUCKY'S ENERGY SERVICES, INC. reporting of information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer's request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any federal or state employment laws. I acknowledge that I have voluntarily provided the above information for employment purposes, and I have carefully read and I understand this authorization.

SIGNED _____

DATE _____