



TRANSFER EXPRESS, INC.®

7650 TYLER BLVD. MENTOR, OHIO 44060
Phone: 440.918.1900 • Fax: 440.918.1917
www.txpress.com • careers@txpress.com

EMPLOYMENT APPLICATION

DATE _____

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: Read terms of employment carefully. Please print answers to every question. Transfer Express does not discriminate because of race, color, religion, national origin, age, sex, disability, handicap or other protected class. If you need accommodation to complete the application process, please contact the Director, Human Resources as soon as possible.

PERSONAL	FIRST NAME	MIDDLE	LAST		
	PRESENT STREET ADDRESS	CITY	STATE	ZIP	PHONE
	PERMANENT STREET ADDRESS	CITY	STATE	ZIP	PHONE
	POSITION APPLIED FOR	SALARY DESIRED		SOCIAL SECURITY NUMBER	
	EARLIEST DATE AVAILABLE	HOW WERE YOU REFERRED			
	HAVE YOU EVER WORKED FOR TRANSFER EXPRESS, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATES.				
	HAVE YOU PREVIOUSLY APPLIED AT TRANSFER EXPRESS, INC.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE.				
TYPE OF EMPLOYMENT DESIRED:			SHIFT PREFERENCE:		
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> DAYS <input type="checkbox"/> AFTERNOONS <input type="checkbox"/> EVENINGS		

EDUCATION	LIST ALL SCHOOLS ATTENDED	NAME & ADDRESS OF SCHOOL	Graduate Yes/No	Degree/Type of Diploma	Major
	High School	_____			
	College/University	_____			
	Graduate School	_____			
	Business/Technical	_____			

GENERAL	Are you on a layoff and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO (Such conviction may be relevant if job related but does not bar you from employment.) State nature of offense, court, and date of conviction.
	Will you work overtime if required? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Are you at least 18 years of age? or <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If under 18, can you furnish a work permit?	
Will you consent to a pre-employment drug screening? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYERS FIRST. ACCOUNT FOR ALL PERIODS SINCE LEAVING SCHOOL. USE ADDITIONAL SHEET IF NECESSARY.

COMPANY		ADDRESS		PHONE	
STARTING DATE: MO. YR.	ENDING DATE: MO. YR.	BEGINNING SALARY: \$ PER		FINAL SALARY: \$ PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
MAY WE CONTACT YOU AT YOUR PRESENT EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, GIVE PHONE NUMBER (AREA CODE FIRST): _____					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO. YR.	ENDING DATE: MO. YR.	BEGINNING SALARY: \$ PER		FINAL SALARY: \$ PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO. YR.	ENDING DATE: MO. YR.	BEGINNING SALARY: \$ PER		FINAL SALARY: \$ PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					
COMPANY		ADDRESS		PHONE	
STARTING DATE: MO. YR.	ENDING DATE: MO. YR.	BEGINNING SALARY: \$ PER		FINAL SALARY: \$ PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
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COMPANY		ADDRESS		PHONE	
STARTING DATE: MO. YR.	ENDING DATE: MO. YR.	BEGINNING SALARY: \$ PER		FINAL SALARY: \$ PER	
SUPERVISOR (NAME AND TITLE):			YOUR POSITION (TITLE):		
DESCRIPTION OF DUTIES:					
REASON FOR LEAVING:					

SKILLS AND INTERESTS

LIST ANY FOREIGN LANGUAGE AND CHECK THE BOX THAT BEST DESCRIBES YOUR SKILL LEVEL				
LANGUAGE	READ/WRITE	READ/SPEAK	READ ONLY	SPEAK ONLY

PLEASE INDICATE YOUR EXPERIENCE AS APPLICABLE WITH THE FOLLOWING

Adding Machine Typing ___ WPM Calculator Key punch Speedwriting/Shorthand ___ WPM

Word Processing Equipment Computer Hardware Equipment (list) _____

Computer Software Packages (list programs) _____

Machine Repair/Maintenance (describe) _____

Any other skills not listed (describe) _____

DO YOU HAVE ANY SPECIAL INTEREST OR HOBBIES THAT MAY BE BENEFICIAL TO THE COMPANY?

Do you like working with numbers performing basic math calculations? _____

Do you like to teach/train people? _____

Do you prefer to work in groups or independently? _____

Do you prefer doing manual work that requires using your hands, standing, walking and lifting; or, do you prefer sitting at a desk processing paperwork and handling continuous phone inquiries? _____

MILITARY

BRANCH OF SERVICE (U.S. only)	DATES
RANK OR RATING AT ENTRY	AT SEPARATION
AWARDS/ CITATIONS	
BRIEFLY DESCRIBE DUTIES AND TECHNICAL SCHOOLS ATTENDED	

REFERENCES

LIST PERSONS SUCH AS FORMER CO-WORKERS, SUPERVISORS, ETC. WHO ARE FAMILIAR WITH YOUR EMPLOYMENT BACKGROUND & QUALIFICATIONS. DO NOT LIST RELATIVES OR PERSONAL FRIENDS.

NAME	ADDRESS		
OCCUPATION			BUSINESS PHONE ()
NAME	ADDRESS		
OCCUPATION			BUSINESS PHONE ()
NAME	ADDRESS		
OCCUPATION			BUSINESS PHONE ()

