

**Sojourner Trucking, Inc.**  
**26113 Hwy. 27 S**  
**Crystal Springs, MS 39059**  
**Phone 601-892-4456**  
**Fax 601-892-0558**

## Application for Employment

### Applicant Information

**Print all information in blue or black ink only. All sections of application must be completed . If information is not applicable to you, please write none. Only completed applications will be accepted.**

Position(s) applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Applicants Full Name \_\_\_\_\_  
Last First MI

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone number(s) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Home Mobile Other (specify) (required for commercial drivers)

List your address(es) of residency for the past three years:

Current \_\_\_\_\_  
Address Street Address (no po boxes) City State Zip Length of residency

Previous \_\_\_\_\_  
Address Street Address (no po boxes) City State Zip Length of residency

Do you have the legal right to work in the United States? \_\_\_\_ (please be prepared to supply supporting documentation)

Are you currently employed? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

If not currently employed, how long since leaving last employment? \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? Yes No

If yes, please explain \_\_\_\_\_

### Education

Please circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4  
Elementary High School College

Last school attended: \_\_\_\_\_ Course of study \_\_\_\_\_  
Name City State



## Employment History

### Instructions

Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_  
Company Name Mailing Address City State Zip

Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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Employer \_\_\_\_\_  
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Position held \_\_\_\_\_ Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates of employment \_\_\_\_\_ Reason for leaving \_\_\_\_\_

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#### TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAYS DATE

