



699 State Rt. 203 East St. Louis, IL 62201-9908
(618) 274-5900 (618) 274-0788 Fax



Location: Interstate 70-55 & Rt. 203 N
Exit 4B East St. Louis, IL
Next to the Pilot Travel Center

To All Applicants:

At Gateway Truck Plaza, the selection process is very important because it allows us to choose those candidates who best possess the skills, knowledge and abilities necessary for our continued success and growth. Hiring quality employees is essential to providing quality customer service and satisfaction.

You should be aware that sensitive or confidential aspects of your personal life might be explored by a thorough background investigation. Furthermore, you must realize that our company is committed in maintaining a drug and alcohol free work environment.

Therefore, you should be acquainted with the following elements that make up our hiring process. Good Luck!

Each applicant must:

1. thoroughly complete an application.
2. be willing to complete a 3-step interview process.
3. submit to drug testing.

“An equal opportunity employer”



GATEWAY TRUCK PLAZA, INC. APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Date _____

Name: _____ Social Security # _____

 Last First Middle

Present Address: _____

 Street City State Zip

Permanent Address: _____

 Street City State Zip

Phone No. _____ Are You 18 Years Old or Older: Yes No

APPLICANT PLEASE READ

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. Depending on Company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company.

AVAILABILITY

For which position are you applying? _____ What date can you start _____

What category would you prefer? Full-time _____ Part-time _____ Temporary _____

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Other

EDUCATION

8 9 10 11 12 13 14 15 16 16+

SCHOOL NAME	CITY/STATE	DATES	GRADUATE?

SECURITY

List states and counties of residence for the past 7 years:

Have you used any names or Social Security Numbers other than those on this page? Yes No

If so please list: _____

Have you been convicted of a felony and/or served time in the past seven years? Yes No If so, please describe below.

(In accordance with Company policy this information will be reviewed for job relatedness and time since last conviction)

Incident	City/State	Date & Charge

Job-Related Skills

Yes No If the job requires, do you have the appropriate driver's license?
DL# _____ Type _____ State of Issue _____

Yes No Have you had any moving violations? Please describe

Please list other skills licenses or certificates that may be job-related or that you feel would be of value to this job

Employment History

Most Recent Employer Yes No Are you currently working for this employer? _____
Yes No If yes, may we contact? _____

Company name _____ City _____ State _____ Phone number _____

To _____ From _____ Job title _____ Supervisor Name _____

Duties _____

Salary _____ Per Hour/Week/Month _____ Reason for leaving _____

Second Most Recent Employer

Company name _____ City _____ State _____ Phone number _____

To _____ From _____ Job title _____ Supervisor Name _____

Duties _____

Salary _____ Per Hour/Week/Month _____ Reason for leaving _____

<u>Date</u> <u>Month and year</u>	<u>Name and Address of</u> <u>Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for</u> <u>Leaving</u>
From _____				
To _____				
From _____				
To _____				
From _____				
To _____				

From _____

To _____

From _____

To _____

From _____

To _____

References

Include only individuals familiar with your work ability. Do not include relatives.

1. Name _____ Address/Phone _____ Years known/Relationship _____

2. _____

Comments

Certification and Release

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agent, including consumer reporting bureau, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If Company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____ Date _____



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Authorization to Release Information

To Whom It May Concern:

I here by authorize Gateway Truck Plaza, Inc. or authorized representative bearing this release or copy thereof, to obtain information in your files pertaining to my employment or educational records, including but not limited to, achievement, attendance, personal history and disciplinary records, credit and criminal history records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of Gateway Truck Plaza, Inc. I hereby release you, as the custodian of such records and employer, educational institution, credit bureau or consumer reporting agency, including its officers, employees or related personnel, both individually and collectively from and liability or damages of whatever kind, which may at any time result to me, my heirs, family or associated because of compliance with this authorization and request to release information or any attempt to comply with it. If there are any questions as to the validity of this release, you may contact me as indicated below.

Full Name (Please Print)

Signature

Address:

City:

State:

Zip:

Telephone

Date of Birth

Social Security Number

Drivers License #

State:

Exp. Date