Online Employee Application

TST/Impreso, Inc. will not discriminate in hiring, promotion, compensation of employees and employment practices on grounds of race, color, religion, age, social or ethnic origin, sexual orientation, gender, gender identity or expression, marital status, pregnancy, political affiliation, disability or veteran status. Please fill out the following information and upload your resume. You may also email your resume to .

PERSONAL INFORMATION

Last Name: *
First Name: *
Phone Nbr: *
Email Address: *

Address: * Enter your current address.
Include Street, City, State, Zip.
Referred by: *

Age: *	Yes	No
Are you 18 years of age	❍	❍

EMPLOYMENT DESIRED

Position desired: * Trailer Truck Driver
Location: * - Select -
Date you are able to start: *

	Yes	No
Are you employed now?	❍	❍
If so, may we contact your current employer	❍	❍

Applied: *	Yes	No
Ever applied with us before?	❍	❍

If so, where and when did you apply:

EDUCATION

Grad HS: *	Yes	No
Did you graduate high school?	❍	❍

High School: Name, location, and subjects studied.

Trade School: *	Yes	No

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Did you attend trade school?	❍	❍

Trade School: Name, location, and subjects studied; include trade, business, or correspondence school. List certifications and/or degrees obtained.

Attend College: *	Yes	No
Did you attend college?	❍	❍

College: Name, location, subjects studied, and degree obtained.

Attend Graduate: *	Yes	No
Did you attend graduate school?	❍	❍

Graduate School: Name, location, subjects studied, and degree obtained.

GENERAL INFORMATION

Job related skills, licenses, and certifications: *
(i.e. computer, driver's license, project manager certifications, etc.)

EMPLOYMENT HISTORY

List below your last four employers, starting with the last one first.

Most recent employer: * Enter employment dates, name and address of employer, phone number, supervisor, salary (upon leaving), position, and reason for leaving.

Previous employer: * Enter employment dates, name and address of employer, phone number, supervisor, salary (upon leaving), position, and reason for leaving.

Prior employer: * Enter employment dates, name and address of employer, phone number, supervisor, salary (upon leaving), position, and reason for leaving.

Prior employer: * Enter employment dates, name and address of employer, phone number, supervisor, salary (upon leaving), position, and reason for leaving.

Eligibility: *	Yes	No
I have signed a non-compete, or non-solicitation, or non-disclosure, or confidentiality, or trade secret agreement with a former employer.	❍	❍

Eligibility Confirm: * Please check your employment agreement, signed employee handbook/codes of conduct, or severance and retention agreements. Provide date signed and date it terminates.

REFERENCES

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List below three persons not related to you, whom you have known as least one year.

First Reference: * Enter name, address, phone number, position, and years acquainted.

Second Reference: * Enter name, address, phone number, position, and years acquainted.

Third Reference: * Enter name, address, phone number, position, and years acquainted.

Upload your resume: *

If you are to be hired by the Company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause to refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, written disciplinary actions, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create and employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed terms and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time. My electronic signature below is as authentic and enforceable as my original signature.

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Signed Date: * Enter today's date.
Signed Name: * Enter the date and your name to accept authorization.

Review your information carefully before continuing.

Continued on the next page you will have an opportunity to view and print your submission.

Click submit to accept authorization.

Submit

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