

Date: _____

Short Term _____

Long Term _____

WAREHOUSE APPLICATION

Name _____

SS No. _____

Address _____

Phone _____

Do you belong to a Teamsters Union? Yes _____ / Local No. _____ No _____

Are you presently employed? Yes _____ No _____

If yes, where are you employed? _____

Previous employers and length of employment:

Qualifications: (List all types of work you have done.)

Forklift experience: Yes _____ No _____

Combination license: Yes _____ No _____

Job Restrictions, if any: _____

Are you willing to accept shift work? Yes _____ No _____

Swing Shift? Yes _____ No _____

Grave Yard? Yes _____ No _____

Wage Minimum: _____

Any travel restrictions? Yes _____ No _____

The information furnished below is needed to enable the union to compile information for reports to the Equal Employment Opportunity Commission and/or applicable local or state agencies. This information will not become a part of your regular application file.

Date: _____

NAME _____

SEX: MALE FEMALE

RACE: WHITE BLACK HISPANIC

ASIAN OR PACIFIC ISLANDER AMERICAN INDIAN OR ALASKAN NATIVE



Check Applicable Box