



WINN

Transportation & Winning Tours

1831 Westwood Avenue, Richmond, Virginia 23227-4338 - (804) 358-9466

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We are pleased that you are interested in employment with us. We offer equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, handicap or veteran status. Please complete this application form in ink in your own handwriting. Answer all questions fully since all statements made by you will be checked for accuracy. We will give this application every consideration, however, accepting it does not imply a commitment of employment.

Applicants must already have a Class A or Class B License with a P endorsement in order to be considered for a driving position. This application for employment will be removed from our active files after 90 days, unless renewed by the applicant.

Date of application -	Date available to start -
Position applying for -	Earnings desired \$

Type of employment: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No May we inquire about you from your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____

Name: _____ SS#: _____ - _____ - _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Previous addresses for the last 3 years _____

List days and times you are available to work						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you a United States Citizen? Yes No **Are You:** Married Single

How were you referred to us? Employee Referral Newspaper Ad Walk-in Other _____

Have you ever been discharged or asked to resign from a position? Yes No **If yes, explain:** _____

Do You: Smoke Drink Alcoholic Beverages

Do You Have A Valid Driver's License? Yes No

GENERAL INFORMATION (Subjects of Special Study/Research Work or Special Training)

U.S. Military/Naval Service:	Rank:

FORMER EMPLOYERS (List below last 4 employers, starting with last one first)

Date	Employer Name/ Address	Phone #	Salary	Position	Reason for leaving
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					

REFERENCES (Give the name of 3 persons not related to you, whom you have known at least one year.)

Name	Address	Phone #	Business	Years Known

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has nay authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: _____ Signature: _____

-----**DO NOT WRITE BELOW THIS LINE**-----

REMARKS

Interviewed by: _____ Date: _____

Character:	Ability:
Neatness:	Personality: