

<b>Application For Employment</b>					
Name:					
Street Address:					
City:		State:		Zip:	
Email Address:			Phone Number:		
Emergency Contact Name:			Emergency Contact Number:		
Employment Desired:			Position Desired:		
Salary Desired:			Date you can start:		
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no			Where?		
May we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no					
<b>Education History:</b>					
Name of School		Did you Graduate?	Subjects Studied		
<b>Employment History - begin with your most recent job. List each job separately</b>					
Dates of Employment	Name/City of previous Employer		Name of Supervisor/ Phone number	Position	Reason for Leaving
Please use the space below to list any previous work experience, special skills, or any additional information necessary to describe your full qualifications for the specific position for which you are applying.					
Do you have a valid Drivers License? <input type="checkbox"/> yes <input type="checkbox"/> no			Do you have a CDL? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, you must complete page 3		

Are you willing to work on Saturdays? <input type="checkbox"/> yes <input type="checkbox"/> no
If necessary for your position, would you allow Procon, Inc to pull your credit report? <input type="checkbox"/> yes <input type="checkbox"/> no
If necessary for your position, would you allow Procon, Inc to perform a background check? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you legally able to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no
Do you have transportation to and from work? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted of a crime? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain the number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.
I agree to submit to drug and alcohol testing. I release Procon, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. Procon, Inc. is a drug free workplace.
I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Procon, Inc creates an actual or implied contract of employment. I understand that, if I accept employment with Procon, Inc, it will be on an at-will basis. This means that either Procon, Inc or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.
Procon, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.
I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.
I give permission for Procon, Inc. to get any information possible from references and previous employers and release the company from any liability that may result from utilization of such information.
<b>Signature of Applicant:</b>
<b>Date:</b>
Procon, Inc does not accept partially complete applications, please fully complete this application before turning it in
Any unsolicited application received by Procon will only be kept 30 days from the date of receipt.

Return completed application to: mail: Procon, Inc. 211 Industry Blvd, Rocky Mount, VA 24151  
 Fax: 540-483-8782  
 Email: [info@procon-inc.net](mailto:info@procon-inc.net)

**CDL Portion (complete only if you have a CDL)**

<b>Driving Experience:</b>			
Class of Equipment	Type of Equipment (van, tank, flat)	Dates of Experience from                      to	Approximate number of miles (total)
Have you ever been denied a license, permit or privilege to operate a motor vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no			
Has any license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes to either of the above, please explain:			
<b>Accident record for past 3 years:</b>			
Date:	Nature: (head on, rear end, upset, etc)	Fatalities or Injuries:	
<b>Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)</b>			
Location:	Date:	Charge:	Penalty:
<b>Employment records:</b>		Note: DOT requires employment history for the past 10 years.	
Dates of employment	Name of Employer	Name & Phone # of DOT/CDL administrator	
I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.			
<b>Signature of Applicant:</b>			
<b>Date:</b>			