



®

RENTALS UNLIMITED, INC.

24000 FREDERICK ROAD

CLARKSBURG, MARYLAND 20871

(301) 972-6200

Application For Employment

RENTALS UNLIMITED, INC.
"An Equal Opportunity Employer"

APPLICATION FOR EMPLOYMENT

Name _____
(First) (Middle) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip)

Phone Number _____ Social Security No. _____

Address _____ How Long? _____
 For (Street) (City) (State & Zip)

Past (Street) (City) (State & Zip) How Long? _____
 Three Years

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

Name and Location	From	To	Curriculum		Date Graduated
High School					
College			Major	Degree	
Other					

SPECIAL SKILLS OR TRAINING (That May Qualify You For Work With Our Company)

EMPLOYMENT (Start With Most Recent)

From	To	Employer	Phone	City, State
Job Title		Duties		
Supervisor's Name				
Starting Salary/Wages				
Final Salary/Wages		Reason for Leaving		
From	To	Employer	Phone	City, State
Job Title		Duties		
Supervisor's Name				
Starting Salary/Wages				
Final Salary/Wages		Reason for Leaving		
From	To	Employer	Phone	City, State
Job Title		Duties		
Supervisor's Name				
Starting Salary/Wages				
Final Salary/Wages		Reason for Leaving		

POSITION (S) DESIRED

U.S. MILITARY RECORD

Branch of Service	From	To	Duties	Discharge Date

REFERENCES

Name	Address	Years Known

Note: All new employees of Rentals Unlimited are required to take a drug test. Refusal to take test will be grounds for dismissal.

APPLICANT'S STATEMENT

I certify that statements made by me on this form are true and correct. I understand that if employed, any false statement on this application can be considered cause for dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature _____ Date _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	State	License No.	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat)	Dates		Approx. # of Miles (Total)
		From	To	
Straight Truck Tractor & Semi-Trailer				
Tractor - Two Trailers				
Other				

ACCIDENT RECORD FOR PAST (3) YEARS OR MORE (ATTACH SHEET FOR MORE SPACE)

Dates	Nature of Accident (Head On, Rear End)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST (3) YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked?
 Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Note: DOT Requires That Employment for at Least 3 Year and/or Commercial Driving Experience for for the Past 10 Years Be Shown

Last Employer: Name _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Second Employer: Name _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

Third Employer: Name _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____ Signature _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.