

Print Name: _____

Date: ____/____/____

Dear Applicant:

The following is a series of questions which once answered and reviewed will allow us to get to know you better. Please feel free to be as candid as possible. The position you are applying for is most important to us and we want to do everything we can to see we have hired the correct person for the job.

Do you have a clean driver's license?	Y		N
Is your license a Virginia State Drivers License?	Y		N
Are you CDL licensed?	Y		N
If it is CDL please indicate class	A		B
Do you have experience driving a truck?	Y		N
How many years have you driven a truck?	1-2	3-4	4 +
Can you drive a stick shift?	Y		N
How many years have you driven a stick shift?	1-2	3-4	4 +
What are the points on your license?	_____		
Are there any tickets you have gotten recently which are not reflected on the DMV record you have submitted?	Y		N
Do you have an air endorsement on your license?	Y		N
Do you have any lifting or bending restrictions?	Y		N
Do you have a current Medical Card?	Y		N
Do you have a reliable vehicle?	Y		N
How many miles is this location from your home?	_____		
How long did it take you to drive here?	_____ minutes.		
Can you drive a pick up truck pulling a utility trailer?	Y		N
Have you any experience pulling something behind a pick up?	Y		N

Describe:

Please Circle:

I am available to work on the following days of the week:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

When I worked at _____ I had to work for 7 days a week for _____ weeks straight.

During my last year in work, I missed _____ Days.

I missed these days because of: _____.

Over the course of work for the last 4 years, I have missed a total of _____ days.

Have you ever gotten called into work on your day off? Y N

Did you mind? Y N

Are you available in the evenings to serve a restaurant should they call in after hours? Y N

What if we called at 6 or 7 pm to serve the above, would you be available? Y N

Do you know: Richmond Area? Fredericksburg? Tri-Cities? Va. Beach?

Did you ever have an upsetting situation or disagreement on a previous work experience when you just left and did not go back? Describe the circumstances:

What steps did you take to fix the problem before leaving?

Why should City Ice hire YOU?

Is there any kind of work do you not like to do?

Would you have a problem with Stooping, Standing, or Bending? Y N

Do you have any kind of medical conditions which would prevent you from operating machinery or company vehicles? Y N

I would be able to work all day on Memorial Day, July 4th, & Labor Day Y N

I would be able to work all day during the weekends of the Nascar Races Y N

While at work, the most important person I will come into contact with during my day is: _____

What are your strengths? _____

What are your weaknesses? _____

The duties of this job include lifting 50 lbs of ice repetitively during deliveries, bending, stooping, and climbing up and down into and out of a truck, working in cold temperatures, collecting cash, checks or signatures from customers.

Would you have a problem performing any of these duties? Yes No

Thank you for taking the time in filling out this questionnaire.

I have filled out this application questionnaire on my own and understand all the questions I answered.

Please Sign: _____

Print Name: _____

Date: ____ / ____ / ____

Please initial that you have read, understand, and agree to the following company policy:

City Ice Company will pay you the agreed wage per hour if you complete the initial training period satisfactorily. Should you refuse this job or be terminated from this job prior to completing the initial full week, you will be compensated at a driver's helper wage level. Initial: _____