

We are proud to be a DRUG-FREE workplace.



You're good to go

An Employee Owned Company

**Parman Services, LLC
Application for Employment**

Parman Services is a smoke-free workplace in compliance with the Non-Smoker Protection Act, Tennessee Code Annotated §§ 39-17-1801-1810. In accordance with that law and company policy, smoking is prohibited in enclosed areas of company property

FOR HR USE ONLY:
DOH: ____/____/____

Please print in ink and answer all questions completely. This application will be given every consideration, but the receipt does not imply that the applicant will be employed. **Parman Services** policy and federal law prohibit discrimination on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. Parman Services is an Equal Opportunity Employer.

PERSONAL

Last Name		First Name		Middle Initial
Present Street Address (including apartment number if applicable)			Home Phone	
			Cell Phone	
City and State		Zip Code	E-mail address where we may contact you	
Type of Employment Desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary			Willingness to Work Overtime, if Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired:		Minimum Salary Expected:	Date Available to Start Work:	
		\$		
Current Compensation: Base Salary _____		Bonus _____		
Date of Last Bonus Paid _____		Other Compensation _____		
Have you ever applied to Parman Services before? YES NO If yes, give date and position applied for:		Have you ever been employed at Parman Services before? YES NO If so, where, what position, and what dates employed?		
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Other Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances, and seriousness.)				
Have you ever been forced to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
Are you able to perform the essential functions of the position for which you applied, with, or without, a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Can you, after employment, submit verification of your legal right to work permanently in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will you travel overnight if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you relocate if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION AND TRAINING

Education/Training	Name and Location of School	Years Completed	Graduated Yes/No	Course of Study/Degree
High School				
College				
Vocational or Other				

EMPLOYMENT HISTORY

Please begin with present or most recent employer; also list summer and temporary employment, account for all periods of employment and unemployment for at least the last **ten years**; please enter all information.

1. Employer	Employer Address			Phone Number () ext.	
Dates Employed From: Month ____ Year ____ To: Month ____ Year ____	Job Title	Beginning Salary	Present/ Final Salary	Reason For Leaving	
Supervisor's Name and Job Title:					
Were you subject to the FMCSRs while employed? Yes No	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				
2. Employer	Employer Address			Phone Number () ext.	
Dates Employed From: Month ____ Year ____ To: Month ____ Year ____	Job Title	Beginning Salary	Present/ Final Salary	Reason For Leaving	
Supervisor's Name and Job Title:					
Were you subject to the FMCSRs while employed? Yes No	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				
3. Employer	Employer Address			Phone Number () ext.	
Dates Employed From: Month ____ Year ____ To: Month ____ Year ____	Job Title	Beginning Salary	Present/ Final Salary	Reason For Leaving	
Supervisor's Name and Job Title:					
Were you subject to the FMCSRs while employed? Yes No	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No				

DRIVER & SALES APPLICANTS ONLY – COMPLETE THIS PAGE

(Other Applicants proceed to page 4)

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed.) **IF NONE, WRITE NONE**

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (other than parking violations) **IF NONE, WRITE NONE**

Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS - DRIVER

	State	License No.	Type	Expiration Date
DRIVER LICENSES				
A	Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B	Have you ever had a license, permit or privilege suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF THE ANSWER TO EITHER A OR B ABOVE IS YES, ATTACH STATEMENT GIVING DETAILS				

DRIVING EXPERIENCE IF NONE, WRITE NONE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates	From	To	Approx. No. of Miles (Total)
Straight Truck					
Tractor & Semi-trailer					
Tractor – Two Trailers					
Motorcoach – School Bus					
Other _____					

List states operated in for last 5 years:

Show special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

PROFESSIONAL REFERENCES

Give below the names of three persons not related to you, whom you have known professionally for at least one year.

Name & Relationship (For example: colleague, direct supervisor, etc.)	Address	Phone Number	Years Acquainted
1.		()	
2.		()	
3.		()	

We may contact these references. Are there any which you do not want us to contact, and for what reasons?

ACKNOWLEDGEMENT – TO BE READ AND SIGNED BY APPLICANT

I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from Parman Services (the Company) if I have been employed.

I understand that the receipt of this application does not imply I will be employed nor does it indicate there are positions available.

I agree that, if I am employed, I will abide by all the rules and regulations of the Company. However, it is understood that these rules and regulations do not constitute a binding contract on the part of the Company. I understand that any offer of employment is conditioned upon passing a drug screen. If employed, I understand that screening tests for drugs and alcohol are a condition of my continued employment. I further understand that refusal to take such tests when asked will be grounds for my immediate termination.

I understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company. I also understand that my employment is “at-will” and may be terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.

I give Parman Services the right to investigate all information provided during the application process and to secure additional information about me as may be necessary in arriving at an employment decision. I hereby release from liability the Company and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Applicant Signature _____ Date: _____



You're good to go

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APPLICANT QUESTIONNAIRE – OPERATIONS

1. Please complete the following math problems:

$$\begin{array}{r} 36 \\ +48 \\ \hline \end{array}$$

$$\begin{array}{r} 72845 \\ +54397 \\ \hline \end{array}$$

$$\begin{array}{r} 84 \\ -18 \\ \hline \end{array}$$

$$\begin{array}{r} 136667 \\ -135989 \\ \hline \end{array}$$

$$\begin{array}{r} 12 \\ \times 9 \\ \hline \end{array}$$

$$\begin{array}{r} 55 \\ \times 15 \\ \hline \end{array}$$

$$\begin{array}{r} 336 \\ - 4 \\ \hline \end{array}$$

$$\begin{array}{r} 1100 \\ - 55 \\ \hline \end{array}$$

2. Have you had any forklift driving experience? yes no
If yes, where did you obtain this experience and what was the duration?

3. Please explain why you should be considered for this employment opportunity:
