



60 Belford Boulevard, Milton, PA 17847  
(570) 522-9820 • (800) 344-0313 • Fax (570) 522-0267  
[www.watsonstowntrucking.com](http://www.watsonstowntrucking.com)

## Employment Application

- Step 1. Download the PDF application to your computer.
- Step 2. Complete the electronic application using Adobe Acrobat Reader or print the full application and complete manually.
- Step 3. Email your completed electronic application to [mkemock@watsonstowntrucking.com](mailto:mkemock@watsonstowntrucking.com) and [cmensch@watsonstowntrucking.com](mailto:cmensch@watsonstowntrucking.com) or drop your application off at one of our locations.



**WATSONTOWN TRUCKING COMPANY**  
**NATIONWIDE TRANSPORTATION SERVICES**  
 60 Belford Boulevard, Milton, PA 17847  
 (570) 522-9820 (800) 344-0313 Fax (570) 522-0267

**FOR WTC USE**  
**TYPE OF WORK:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

*It is the policy of Watsonstown Trucking Company to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

**EMPLOYMENT APPLICATION**

**Position(s) Applying For:** \_\_\_\_\_

**PERSONAL INFORMATION**

Name (Last, First, Middle)	Telephone Number	Cell Number
Address:	Alternate Phone	
City/State/Zip	Social Security Number (Optional)	

Are you legally authorized to work in the United States?    Yes     No

<b>Are you applying for:</b> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/>	<b>What shift(s) will you work?</b> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	<b>May we contact your present employer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**EMPLOYMENT HISTORY – Begin with most recent employment**

Dates From	To	Company Name	City, State
Titles and Duties			
Reason for Leaving	Supervisor's Name	Telephone Number	

Dates From	To	Company Name	City, State
Titles and Duties			
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Dates From	To	Company Name	City, State
Titles and Duties			
Reason for Leaving	Supervisor's Name	Telephone Number	

**MILITARY – Branch of Service**

Describe any military training received relevant to the position for which you are applying:

**EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses**

Have you obtained a high school diploma or GED certificate?

Yes  No

<i>School</i>	<i>Name &amp; Location</i>	<i>Diploma/Degree</i>	<i>Subject of Specialization</i>
College/University			
Specialized Courses & Training			

**WORKABILITY**

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?

- Yes
- No

If "with reasonable accommodation", what accommodations would be required? \_\_\_\_\_

**PAST PERFORMANCE**

Have you ever been terminated from employment or asked to resign by an employer?

- Yes
- No

If yes, please provide company names, the reason for termination and contacts:

\_\_\_\_\_

\_\_\_\_\_

**FELONIES AND/OR CONVICTIONS**

Have you ever been convicted of a felony offense?

- Yes
- No

If yes, please provide dates, nature of and locations for all convictions:

\_\_\_\_\_

\_\_\_\_\_

(A conviction will not disqualify you for employment. Rather, such factors as age, date of conviction, seriousness and nature of the crime will be considered).

**CLERICAL SKILLS – To be completed for clerical position**

List Specific clerical skills that would be helpful in the position for which you are applying:

**OTHER SPECIAL SKILLS – List other specific skills you have to offer for this opening:**

**REFERENCES – Give the names of 3 professional and 2 personal (no one related to you)**

Name	Address	Telephone	Occupation

## **Authorization and Acknowledgement**

*Please Read Carefully Before Signing*

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that Watson Trucking Company may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interview with neighbors, friends, former employees, schools and others. I understand I have a right to make a written request with reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the company, reflect adversely on the company.

If employed, I agree to maintain confidentiality regarding any information concerning the company that may come to my knowledge. Further, I agree to comply with all the policies and regulations of the company as set forth in the company's employee handbook or other communications distributed to all employees.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. I understand that if employment is offered to me, either verbally or in writing, such an offer does not constitute a contract of employment. I understand that if I am employed by the company, my enrollment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the company or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer/manager of the company.

I attest with my signature below that I have read and understand all of the previous statements and that all statements made by me are true and accurate to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions are sufficient cause for rejection on my application for employment and that, if I am hired, I may be dismissed if, after employment, it is learned that any of my entries or information are false, misleading or incomplete. I certify that I am at least 18 years of age and am legally authorized to work in the United States.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to pre-and/or post-employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

Applicant's Name: (Please Print) \_\_\_\_\_

By providing my initials electronically and submitting this Application, my consent to the terms of this Application shall be treated in the same manner and legal effect as if I signed this Application in writing.

Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_