

THE LEWIS BEAR COMPANY



Pensacola
6120 Enterprise Dr.
Pensacola, FL 32505
(850) 434-8612
ApplyPNS@thelewisbearco.com

Ebro
6484 Dog Track Rd.
Ebro, FL 32437
(850) 535-6900
ApplyEbro@thelewisbearco.com



Application for Employment

Date: _____

Please fill in all spaces. If an item does not apply, write "none." This application will be considered current for 30 days from this date. After that time, the application must be renewed to be considered. Please print in ink clearly. You must complete your own application.

Name _____ Social Security Number: _____
LAST FIRST MIDDLE

Address _____
NUMBER AND STREET APT. CITY STATE ZIP CODE TELEPHONE

How were you referred for employment? _____

Have you ever worked for The Lewis Bear Company before? Yes No If so, when? _____

Have you applied for work with The Lewis Bear Company before? Yes No If so, when? _____

Position applying for: _____

Wage or salary desired: \$ _____ Date available for work: _____

Type of employment desired: Full time Part time Will you work: overtime evenings weekends?

If part time, please state the number of hours and what days you wish to work: _____

Is there any time of the day or any day of the week you are unable to work? Yes No If yes, please specify: _____

Are you presently employed? Yes No Why do you wish to change jobs? _____

Do you have the legal right to work in the United States? Yes No *(If hired, proof of status will be required)*

Are you over 18 years of age? Yes No

Have you ever been convicted of a crime by a civilian or military court (other than a minor traffic violation)? Yes No

If so, give details: _____

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

EDUCATION:	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	DEGREE OR DATE LAST ATTENDED
High School	_____	_____	1 2 3 4	<input type="checkbox"/> Yes	_____
	_____	_____	_____	<input type="checkbox"/> No	
College	_____	_____	1 2 3 4	<input type="checkbox"/> Yes	_____
	_____	_____	_____	<input type="checkbox"/> No	
Other	_____	_____	1 2 3 4	<input type="checkbox"/> Yes	_____
	_____	_____	_____	<input type="checkbox"/> No	

Were you in the Armed Forces? Yes No If so, what branch? _____

Rank at discharge: _____ List duties in the service, including special training: _____

EMPLOYMENT HISTORY:

Please list all positions for the past 10 years, giving present or last position first. Use additional pages if necessary

1.	Dates Worked: From: _____ To: _____	Wage or Salary: Starting _____ Final _____
Employer's Name	Supervisor's Name	
Employer's Street Address	Supervisor's Title	Supervisor's Telephone Number ()
City _____ State _____ Zip _____	Reason for Leaving	
Your Job Title & Duties _____		

2.	Dates Worked: From: _____ To: _____	Wage or Salary: Starting _____ Final _____
Employer's Name	Supervisor's Name	
Employer's Street Address	Supervisor's Title	Supervisor's Telephone Number ()
City _____ State _____ Zip _____	Reason for Leaving	
Your Job Title & Duties _____		

3.	Dates Worked: From: _____ To: _____	Wage or Salary: Starting _____ Final _____
Employer's Name	Supervisor's Name	
Employer's Street Address	Supervisor's Title	Supervisor's Telephone Number ()
City _____ State _____ Zip _____	Reason for Leaving	
Your Job Title & Duties _____		

4.	Dates Worked: From: _____ To: _____	Wage or Salary: Starting _____ Final _____
Employer's Name	Supervisor's Name	
Employer's Street Address	Supervisor's Title	Supervisor's Telephone Number ()
City _____ State _____ Zip _____	Reason for Leaving	
Your Job Title & Duties _____		

5.	Dates Worked: From: _____ To: _____	Wage or Salary: Starting _____ Final _____
Employer's Name	Supervisor's Name	
Employer's Street Address	Supervisor's Title	Supervisor's Telephone Number ()
City _____ State _____ Zip _____	Reason for Leaving	
Your Job Title & Duties _____		

May we contact the employers listed above? Yes No If not, indicate by number which one(es) we may not contact

and state why: _____

Please account for all periods of unemployment longer than three (3) months: _____

PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A DRIVER POSITION ONLY

The U.S. Department of Transportation requires that driver applicants state their date of birth and that all driver applicants pass certain physical tests before they are hired to drive a motor carrier.

Date of Birth _____ Date of last Department of Transportation prescribed physical examination: _____
Month/Day/Year Month/Day/Year

Have you ever been granted a waiver under Section 391.49 of the Federal Motor Carrier Safety Regulations Yes No
 pertaining to the loss or impairment in use of foot, leg, hand, or arm?

Driver Licenses:	State	License No.	Type	Expiration Date
<i>Licenses held in the past three (3) years must be shown</i>				

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No
 B. Have you ever had a license, permit, or privilege to operate a motor vehicle suspended or revoked? Yes No
 C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
If you answered "yes" to A, B, or C, attach a statement giving details

Driving Experience: Class of Equipment	State	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailer				
Other:				

List states operated in during last 5 years: _____

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

List state driving awards held and who awards were presented by: _____

Accident Review for past 3 years: Attach a separate sheet of paper if more space is needed.

Dates (most recent first)	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for past 3 years other than parking violations:

Location	Date	Charge	Penalty

If you have lived at the address on the front page for less than 3 years, please list addresses for past 3 years:

Address _____
Number & Street Apt. City State Zip Code Dates at this Address

Address _____
Number & Street Apt. City State Zip Code Dates at this Address

List any additional work experience, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest: _____

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname?

Yes No If yes, please explain: _____

PERSONAL REFERENCES:		Please list three business people, professionals, or other persons who are not relatives, former employers, or employees of this Company:			
1.	Name	How long known	Occupation	Telephone ()	
Complete Address					
2.	Name	How long known	Occupation	Telephone ()	
Complete Address					
3.	Name	How long known	Occupation	Telephone ()	
Complete Address					

PLEASE LIST ANY RELATIVES EMPLOYED BY THIS COMPANY:

1. Name	Relationship	2. Name	Relationship
3. Name	Relationship	4. Name	Relationship

IMPORTANT: READ CAREFULLY

I hereby authorize The Lewis Bear Company to conduct a personnel investigation as to my qualifications, experience, background, etc., and in so doing to contact any person, law enforcement agency or firm it desires. I authorize release of any information regarding any criminal convictions that may exist against me. I authorize my former employer(s) and all other persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

In making this application for employment; it is understood and accepted as part of the application and employment process, and/or during employment with The Lewis Bear Company, I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations, tests, and fingerprinting. It is understood that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate The Lewis Bear Company. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any such future employment is terminable by either party at will with or without notice or cause.

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. I understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal.

Date

Signature

Save and email the completed application to:
PENSACOLA: ApplyPNS@thelewisbearco.com
EBRO: ApplyEbro@thelewisbearco.com

The Lewis Bear Company is an Equal Opportunity Employer. All applications are considered for employment without regard to race, color, sex, age, disability, religion, national origin, or uniformed service member status.