



EMPLOYMENT APPLICATION

Please complete this 2 page employment application in its entirety.
To submit the application for consideration, you may choose one of the following submission methods:

1. Print, Sign and Fax it to 1-804-360-2870

2. Print, Sign and Mail it in to:

G.L. Howard, Inc.
P.O. Box 9
Rockville VA 23146

OR...

3. Save the document to your computer as (YourName)EmpApp.pdf then email the pdf document as an attachment to: hr@glhowardinc.com



Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

How long at current address? _____

If less than three years, list all previous addresses the last three years. _____

Phone number: _____

Position applying for: _____

Experience in position applying for: _____

Desired Wage Rate: _____

How did you hear about G. L. Howard?

Richmond Times Dispatch: _____ Employment Guide: _____ GL Howard website: _____

Find Richmond Jobs.com: _____ Other: _____

Employment History

Name of Last Employer: _____

Address: _____

Position Held: _____ How Long: _____ Wage Rate: _____

If less than three years, list next previous employer.

Name of Employer: _____

Address: _____

Position Held: _____ How Long: _____ Wage Rate: _____

Additional Information: _____

Commercial Driver Applicants ONLY

License Number: _____ State: _____ Type: _____

Expiration Date: _____

Driving Experience

Type of Truck: _____ Dates: From _____ To _____

Type of Truck: _____ Dates: From _____ To _____

Type of Truck: _____ Dates: From _____ To _____

Accident Record for the Past Three Years

Date of Accident: _____ Nature of Accident: _____ Injuries: YES NO

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List all Traffic Convictions in Past Three Years (do not include Parking Tickets)

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Location: _____ Date: _____ Charge: _____

Has your license ever been suspended or revoked? YES NO

If Yes, please explain: _____

Have you ever been denied a license or permit in Virginia or any other State? YES NO

If Yes, please explain: _____

Date: _____ Signature of Applicant: _____