



Employment Application

Instructions: Please print and complete the application below. We encourage you to drop off your completed application in person, however you are also welcome to send it to us via email.

Address: 1717 W. Island Green Dr., Meridian, ID 83646

Email: jobschinden@rocketexpress.com

APPLICANT INFORMATION

 First Name Last Name M.I.

 Street Address Apt. #

 City State Zip Code

 Phone Number Email Address

What role are you applying for? _____

If hired, do you have reliable transportation to get to / from work? Yes No

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

Are you over the age of 18? Yes No

Have you ever applied to / worked for Rocket Express before? Yes No

If yes, when were you employed by Rocket Express? _____

Do you have any friends or relatives that are currently employed by Rocket Express? Yes No

If yes, please list their name(s): _____

Desired rate of pay: \$ _____ / hour Date Available to Start: _____

Employment Desired (circle all that apply): Full-time Part-time Seasonal

Days / Hours Available: Monday _____ Thursday _____ Sunday _____
 Tuesday _____ Friday _____
 Wednesday _____ Saturday _____

What makes you an awesome candidate for this position? _____

Why would you like to join the Rocket Express team? _____

EDUCATION

HIGH SCHOOL

Name _____ Dates Attended _____ From _____ To _____
City _____ State _____ Did you graduate? Yes No Still Attending

COLLEGE

Name _____ Dates Attended _____ From _____ To _____
City _____ State _____ Did you graduate? Yes No Still Attending

VOCATIONAL

Name _____ Dates Attended _____ From _____ To _____
City _____ State _____ Did you graduate? Yes No Still Attending

Please list any other certifications, training or skills that you hold: _____

EMPLOYMENT HISTORY

Instructions: Please list employers chronologically starting with the most recent employer.

EMPLOYER # 1

Name _____ City _____ State _____
Title _____ Employment Dates _____ From _____ To _____
Reason for leaving: _____ Starting Pay _____ Ending Pay _____
Manager's Name _____ Phone Number _____ May we contact? Yes No

EMPLOYER # 2

Name	City	State		
Title	Employment Dates	From	-	To
Reason for leaving:	Starting Pay	Ending Pay		
Manager's Name	Phone Number	May we contact?	Yes	No

EMPLOYER # 3

Name	City	State		
Title	Employment Dates	From	-	To
Reason for leaving:	Starting Pay	Ending Pay		
Manager's Name	Phone Number	May we contact?	Yes	No

EMPLOYER # 4

Name	City	State		
Title	Employment Dates	From	-	To
Reason for leaving:	Starting Pay	Ending Pay		
Manager's Name	Phone Number	May we contact?	Yes	No

REFERENCES

Instructions: Please list 2-3 professional references.

REFERENCE # 1

Name	Phone Number
Company	Relationship

REFERENCE # 2

Name _____

Phone Number _____

Company _____

Relationship _____

REFERENCE # 3

Name _____

Phone Number _____

Company _____

Relationship _____

DISCLAIMER & SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize Rocket Express to request and receive information from all references above and any prior employer that I have marked as contactable. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself. In addition, I acknowledge that Rocket Express has a drug-free policy and reserves the right to conduct a drug test as a prerequisite to offering me a position at the company.

Signature_____
Date