



Date of Application_____

Name_____

Address_____

Phone _____ Email _____

What assets/skills will you bring to our team?

How do you adapt to frequent change? Please explain

What are you looking for in a job with our company?

Are you willing to work weekends and after "business hours " () yes () No
If No, Please explain _____

Experience: Please provide at minimum that last 5 years

Employer:
Name

Address

Employed From _____ to _____
Reason for leaving

Description of Responsibilities

Supervisor's Name and phone number

Employer :
Name

Address

Employed From _____ to _____
Reason for leaving

Description of Responsibilities

Supervisor's Name and phone number

Employer :
Name

Address

Employed From _____ to _____
Reason for leaving

Description of Responsibilities

Supervisor's Name and phone number

Education

() High School

() College/University Degree _____

() Specialized Trade _____

Reference :

Name _____ Phone _____

Company _____

Name _____ Phone _____

Company _____

Name _____ Phone _____

Company _____

Please submit application to

info@longhorntransportation.com

Or

Fax 1-506-887-2616