

Pan Western Corporation

GENERAL EMPLOYMENT APPLICATION

× × **WE DRUG TEST ALL APPLICANTS** × ×



**PAN
WESTERN**
Transportation Specialists
4910 Donovan Way, Suite A
North Las Vegas, NV 89081-2765



PAN WESTERN CORPORATION
 4910 DONOVAN WAY #A, NORTH LAS VEGAS, NV 89081-2759
 PHONE: (702) 632-2931 • FAX: (702) 632-2956

APPLICATION FOR EMPLOYMENT
 (Answer all questions – please print)

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, handicap, Veteran, physical status, or any other legally protected status.

Date of application: _____ / _____ / _____

Name: _____
 Last First M.I.

Current Address: _____ How Long? _____
 Street City State Zip

Home Phone: () - _____ Alternate Phone: () - _____

Previous Address: _____ How Long? _____
 Street City State Zip

Date of Birth: _____ / _____ / _____ Social Security No.: _____ / _____ / _____

Position Desired: _____ Salary Desired: \$ _____

Are you available for: Full-Time Part-Time Temporary Hours/Days Desired: _____

How did you hear about us? Ad in Paper Billboard Flyer Friend/Employee Internet Walk-In Other

If you checked Friend/Employee, what is their name? _____

Have you ever been employed by Pan Western? Yes No; If Yes, When? _____

FROM: MO: YR: _____ TO: MO: YR: _____ Position Held: _____

Pay Rate/Salary: \$ _____ Supervisor: _____

In Case of Emergency, Who should we notify?

Name: _____ Phone: () - _____

Address: _____ Relationship: _____

Upon hire, if the position applied for requires a valid drivers' license, can you submit verification? Yes No

If employed, can you provide proof of U.S. citizenship or authorization to be employed in the U.S.? Yes No

Do you understand the requirements of the position applied for (including physical & mental)? Yes No

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the job description): Yes No; If Yes, Explain below, if you wish:

Have you ever been convicted of a felony or a misdemeanor? Yes No; If yes, give details, dates and circumstances of each conviction: (Note: A conviction will not necessarily bar you from employment)

Have you been known by any other name(s)? Yes No

Last	First	M.I.	Place	Dates
Last	First	M.I.	Place	Dates

Are you at least 18 years old? Yes No Can you travel if the job requires it? Yes No

Are you currently employed? Yes No If No, How long have you been unemployed? _____

If Yes, May we contact your current / past employer(s)? Yes No

Contact Name / Title: _____ Phone #: () - _____

EMPLOYMENT HISTORY

(All entries verified during background check, please give accurate, complete full-time and part-time employment)

Indicate your employment history for the past ten (10) years, providing the most recent employment first. List all periods of unemployment. Attach additional sheets if needed. Complete, even if attaching a resume.

(NOTE: List employers in reverse order starting with the most recent first. Add another sheet as necessary)

Current or Most Recent Employer				Dates Employed			
NAME:				FROM: MO:	YR:	TO: MO:	YR:
ADDRESS:			POSITION HELD:				
CITY:		STATE:	ZIP:	Beginning Salary:		\$	
CONTACT PERSON:			PHONE: ()	-	Ending Salary:		\$
Reason for Leaving:							

Employer				Dates Employed			
NAME:				FROM: MO:	YR:	TO: MO:	YR:
ADDRESS:			POSITION HELD:				
CITY:		STATE:	ZIP:	Beginning Salary:		\$	
CONTACT PERSON:			PHONE: ()	-	Ending Salary:		\$
Reason for Leaving:							

Employer				Dates Employed			
NAME:				FROM: MO:	YR:	TO: MO:	YR:
ADDRESS:			POSITION HELD:				
CITY:		STATE:	ZIP:	Beginning Salary:		\$	
CONTACT PERSON:			PHONE: ()	-	Ending Salary:		\$
Reason for Leaving:							

Employer				Dates Employed			
NAME:				FROM: MO:	YR:	TO: MO:	YR:
ADDRESS:			POSITION HELD:				
CITY:		STATE:	ZIP:	Beginning Salary:		\$	
CONTACT PERSON:			PHONE: ()	-	Ending Salary:		\$
Reason for Leaving:							

Employer				Dates Employed			
NAME:				FROM: MO:	YR:	TO: MO:	YR:
ADDRESS:			POSITION HELD:				
CITY:		STATE:	ZIP:	Beginning Salary:		\$	
CONTACT PERSON:			PHONE: ()	-	Ending Salary:		\$
Reason for Leaving:							

EDUCATION

Check Highest Grade Completed

Elementary/Middle School: 5 6 7 8 • High School: 9 10 11 12 • College: 1 2 3 4

Name & Location of School	Graduate?	Degree / Diploma / GED
High School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College / University: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business / Trade Tech: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

NOTE: If hired, you may be required to submit verification.

Do you have any special skills, training, experience or qualifications related to the position applied for? Yes No; Please List Below:

Please list the types of office equipment, machines, computers, and software of which you are proficient.

Indicate any and/or Foreign Languages you can Speak, Read, or Write.

	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write
	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write

List any Honors, School Activities, and/or Offices held: (Optional)

REFERENCES: List three (3) persons who are familiar with the quality of your work, who were not your supervisors, who are not related to you; and have known you at two (2) years.

Name: _____	Phone: () - _____	Years Known: _____	Association: _____
Name: _____	Phone () - _____	Years Known: _____	Association: _____
Name: _____	Phone: () - _____	Years Known: _____	Association: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

INFORMATION RELEASE

The Nevada Criminal History Act, effective July 1979, provides that an Agency of Criminal Justice must provide to a prospective employer concerning a prospective employee, upon request with written consent, records of criminal history which reflect:

1. Convictions or pertaining to an incident for which the prospective employee is currently within the system, including for Parole or Probation and;
2. With written consent of the prospective employee to the Agency to provide all conviction data.

This release, therefore, allows conviction data to be released to the prospective employer listed below:

(Please read the Fair Credit Reporting Act Disclosure Statement and Information Release before you sign and date this form)

I, _____, having made an application with Pan Western Corporation for employment, authorize the release of any record regarding previous employment, drug or alcohol test results, driving record and/or criminal history pertaining to me. I hereby release employers, schools, health care providers, the Sheriff of the Clark County, Las Vegas Metropolitan Police Department, Henderson Police Department or any other law enforcement agency and its employees from any damage or liability in furnishing said criminal history record, and other persons from any and all liability in responding to inquiries and releasing information in connection with my application for employment with Pan Western Corporation.

Dated this _____ Day of _____, _____
(Date) (Month) (Year)

Social Security Number: _____ / _____ / _____

Signature

Printed Name

I UNDERSTAND AND AGREE:

1. Any misrepresentation or omission of facts on my application may be justification for refusal of employment; or, if employed, termination from employment at Pan Western Corporation.
2. I authorize Pan Western Corporation to conduct any necessary and reasonable investigation with respect to my application and release Pan Western Corporation, my former employers, educational institutions and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character or educational background. It is understood that this application will remain active for consideration of employment for no less than six (6) months.
3. I understand and agree that I may be required to take a physical examination, blood, breathalyzer, and urine or hair test(s) at Pan Western Corporations' expense and that these test(s) can be performed at any time to determine if I am drug free and physically fit to perform my job responsibly. I further understand that failure to submit to such testing may result in termination. I authorize any physician, including my personal physician, to release any information which may be necessary to determine my eligibility to perform assigned duties.
4. In consideration of my employment, I understand and agree that any person authorized by management can at any time request that I submit to a search of my person, purse, packages in my possession, or any desk assigned to me. I further understand that my desk is the property of the company and that the company has the right to inspect said desk at any time for any reason and that my refusal to submit to such a search may result in termination. I hereby waive any and all claims for damages resulting from such examination.
5. In consideration of my employment, I agree to conform to all applicable rules and/or policies of Pan Western Corporation and/or any department thereof and that my employment can be terminated, with or without cause, or with or without advance notice at any time at the option of Pan Western Corporation or myself.
6. I understand that no officer, agent or employee of Pan Western Corporation has promised me employment for any specified period of time. I further understand that no representative of Pan Western Corporation other than the president of the company has any authority to enter into any agreement for employment, either oral or written for any expected period of time or to make any agreement contrary to the aforementioned. Further, the president of the company may not alter the at-will nature of employment unless it is done so specifically and in writing, signed by the president of the company.
7. I understand that this document is an Application for Employment and no employment contract is being offered. If I am employed, such employment is at-will and for an indefinite period of time, and the company can change wages, benefits and/or conditions at any time.
8. I also understand I must pay Pan Western Corporation for any and all items entrusted to me, to perform by job responsibly, which are not returned in good condition and further authorize Pan Western Corporation to withhold from my final paycheck any and all amounts thus owed.
9. I further understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the United States.
10. I authorize any previous employer(s) and Las Vegas Metropolitan Police Department and any other law enforcement agency, now or in the future, to release my information in reference to my application, and hereby waive and release any claim I may have relating to the release of such information.

PLEASE NOTE:

1. Proper verification of identity is required after employment.
2. Bonding and/or certification may be a requirement of the job.

Signature

Date



Employer Lynx, Inc.
309 East John Street
Suite 4
Carson City, NV 89706
800/909-5969
775/883-3733
Fax: 775/883-8755

Form 1: Notification / Release of Information

In connection with my application (including contract for services) with the below named prospective employer, I understand that investigative background inquiries are to be made by Employer Lynx, Inc., on myself including consumer, criminal, driving, workers' compensation records, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination from previous employers, if any. I understand that you will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in workers' compensation and/or other insurance companies. Further, I authorize Employer Lynx, Inc. to check my driving history and/or criminal record and other records, as needed, on a continuing basis as it relates to my employment.

I authorize without reservation any party or agency contacted by Employer Lynx, Inc. to furnish the above mentioned information, and further, that Employer Lynx, Inc. may furnish same to the below named company.

I have the right to make a written request, within a reasonable length of time, to receive information about the nature and scope of this investigation. I hereby consent to Employer Lynx, Inc. obtaining the above information from any party or agency.

Name: (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years: _____

Date of Birth: ____/____/____ Social Security Number: ____/____/____

Drivers License #: _____ State: _____

Professional License Held: _____ State: _____ Lic. #: _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Previous Street Address: _____ City: _____ State: _____ Zip: _____ From: ____/____/____ To: ____/____/____

In conformity with section 49 C, F, R, Part 40, I hereby authorize all my employers to release all information concerning DOT drug & alcohol testing.

Signature: _____ Date: _____

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION

Company Name _____

Contact Person _____ Via Fax # () - _____

Information Requested. Please check all that you wish completed:

- Criminal History
- Credit Report
- Social Security Verification
- Drivers License
- Workers' Compensation
- Education/Degree Verification
- Professional License Verification
- Previous Employer Verification
- Other

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Employer Lynx, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository, Employer Lynx, Inc. can only rely on its accuracy from the public records data sources available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Employer Lynx, Inc., its sources, officers, agents, or employees. Furthermore, you agree to indemnify Employer Lynx, Inc., its sources, officers, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws that apply to the permissible purpose of retrieving background information on an individual's criminal records history, and/or workers' compensation claim history.

This Form Must be accompanied by Required Releases and Application. FAX completed form to Employer Lynx at 775/883-8755. You must also mail the original to Employer Lynx, Inc. 309 East John Street Suite 4, Carson City, NV 89706



Employer Lynx, Inc.
309 East John Street
Suite 4
Carson City, NV 89706
800/909-5969
775/883-3733
Fax: 775/883-8755

Form III: Employers Insurance Company of Nevada

**This Form Must be Accompanied by Required Releases and Application. Once form is completed, FAX to Employer Lynx at 775/883-8755. You must also mail the original to:

Employer Lynx, Inc.,
309 East John Street, Suite 4
Carson City, NV 89706

I, _____, hereby consent to the release of information from my Employers Insurance Company of Nevada file to **Employers Lynx, Inc.**

I understand that the specified information is necessary and related to my employment services and that its confidentiality will be respected by the recipient.

**Note: This authorization complies with the requirements of the Americans with Disabilities Act.

Please specify the date, event, or condition upon which this consent expires.

- 1. **Claim Closure** _____
- 2. **Other** _____

Signature of Applicant

Date Executed

SSN of Applicant

HIRE DATE _____

(APPLICANT – STOP HERE!! REMAINDER TO BE COMPLETED BY OFFICE PERSONNEL)

This section to be filled out by Responsible Company Officer (i.e. HR Director, Safety Director, etc.) or Company Representative

Reference Checks

KEY: 1 – VERY GOOD 2 – GOOD 3 – NEEDS IMPROVEMENT 4 - UNSATISFACTORY

Company: _____ Supervisor's Name: _____
 Position(s) Held: _____ Supervisor's Title: _____
 Dates of Employment: From: _____ To: _____ Final Wage: _____

Attendance	1	2	3	4	Quality of Work Done	1	2	3	4	Cooperation	1	2	3	4
Job Knowledge	1	2	3	4	Communication Skills	1	2	3	4	Initiative	1	2	3	4
Productivity	1	2	3	4	Resourcefulness	1	2	3	4	Reliability	1	2	3	4

Company: _____ Supervisor's Name: _____
 Position(s) Held: _____ Supervisor's Title: _____
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Attendance	1	2	3	4	Quality of Work Done	1	2	3	4	Cooperation	1	2	3	4
Job Knowledge	1	2	3	4	Communication Skills	1	2	3	4	Initiative	1	2	3	4
Productivity	1	2	3	4	Resourcefulness	1	2	3	4	Reliability	1	2	3	4

Company: _____ Supervisor's Name: _____
 Position(s) Held: _____ Supervisor's Title: _____
 Dates of Employment: From: _____ To: _____ Final Wage: _____

Attendance	1	2	3	4	Quality of Work Done	1	2	3	4	Cooperation	1	2	3	4
Job Knowledge	1	2	3	4	Communication Skills	1	2	3	4	Initiative	1	2	3	4
Productivity	1	2	3	4	Resourcefulness	1	2	3	4	Reliability	1	2	3	4

Applicant Interview Process	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Interview:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Past Employment Check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Written Exam:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Road Test:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Criminal & Traffic Convictions Check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Interviewing Officer: _____

Was the Applicant Hired: Yes No

Was the Applicant Rejected: Yes No

Date Employed: _____ Why? _____
 Point Employed: _____
 Department: _____
 Classification: _____
 Pay Rate: _____

(If Applicant is Rejected a Summary Report or List of Reasons should be placed in file)

Transfers

Dept. From: _____ Dept. To: _____	Dept. From: _____ Dept. To: _____
Date: _____ Wage Increase: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Wage Increase: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Transfer: _____	Reason for Transfer: _____

Dept. From: _____ Dept. To: _____	Dept. From: _____ Dept. To: _____
Date: _____ Wage Increase: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Wage Increase: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Transfer: _____	Reason for Transfer: _____

Termination of Employment

Date Terminated: _____ Dept. Released From: _____ Eligible for Rehire: Yes No
 Reason for Leaving: Dismissed Voluntarily Quit Other: _____
 Termination Report Placed in File: Yes No Supervisor: _____