

# City Wide Logistics, LLC

P.O. BOX 1808  
FORT WORTH, TEXAS 76101  
(817)921-8080 Phone  
(817)921-8085 Fax

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE:		CELL PHONE:	

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYERS <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS			

### GENERAL INFORMATION

SPECIAL TRAINING/SKILLS:	
U.S. MILITARY OR NAVAL SERVICE	RANK

**FORMER EMPLOYERS**

DATE MO. & YR.	NAME, ADDRESS AND PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DO NOT WRITE BELOW THIS LINE \_\_\_\_\_

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

Approved by: \_\_\_\_\_

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# CITY WIDE LOGISTICS, LLC

## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize [ CityWide Logistics LLC ] to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do  do not  authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date

2301 HEMPHILL ST.  
FORT WORTH, TX  
76110

PHONE (817) 924-2717  
FAX (817) 921-8085

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PO BOX 1808  
FORT WORTH, TX 76101  
PHONE: 817-921-8080  
FAX: 817-921-8085

**AUTHORIZATION FOR BACKGROUND CHECK  
CITY WIDE LOGISTICS, LLC**

I, \_\_\_\_\_, HEREBY AUTHORIZE CITY WIDE LOGISTICS, LLC TO INVESTIGATE MY BACKGROUND AND QUALIFICATIONS FOR PURPOSES OF EVALUATING WHETHER I AM QUALIFIED FOR THE POSITION FOR WHICH I AM APPLYING.

I UNDERSTAND THAT CITY WIDE LOGISTICS, LLC WILL USE AN OUT SIDE FIRM OR FIRMS TO ASSIST IT IN CHECKING SUCH INFORMATION, AND I SPECIFICALLY AUTHORIZE SUCH AN INVESTIGATION BY INFORMATION SERVICES AND OUTSIDE ENTITIES OF THE COMPANY'S CHOICE. I ALSO UNDERSTAND THAT I MAY WITHHOLD MY PERMISSION AND THAT IN SUCH A CASE, NO INVESTIGATION WILL BE DONE, AND MY APPLICATION FOR EMPLOYMENT WILL NOT BE PROCESSED FURTHER.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE