

Metro Lift Truck Employment Application

Name:	First	Last	
Phone:	Home	Cell	
Email:			
Address:	Street		
	City	State	
Education H	listory		
High School	l: Name of Institutio	pn	City, State
	Did you graduate	? Y 🗆 N 🗆	Year of Graduation

College:	
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Name of Institution

City, State

Field of Study

Did you graduate? Y \square N \square

Year of Graduation

Employment History

(start with most recent)

1st Employer: ______ Name of Company

Location (City, State)

Title:

Dates of Employment:

(MM/YY to MM/YY)

Supervisor:

First and Last Name

Title

Responsibilities:

2nd Employer:

Name of Company

Location (City, State)

Title:

Dates of Employment: (MM/YY to M	 M/YY)
	,
Supervisor: First and Last Name	Title
Responsibilities:	
3rd Employer: Name of Company	Location (City, State)
Title:	
Dates of Employment: (MM/YY to M	M/YY)
Supervisor: First and Last Name	Title
Responsibilities:	

Skills and Abilities

Please list any skills that may be relevant to a position at Metro-Lift Truck

Date Available for Hire:

(DD/MM/YYYY)

I certify that all information above is true and accurate.

Signature

(DD/MM/YYYY)

Printed Name