



Date _____

**SALESPERSON
APPLICATION FOR EMPLOYMENT**
(An Equal Opportunity Employer)

For Office Use Only

Starting Salary \$ _____
 Commission _____ %
 Payroll _____
 Return to OPS _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Are you 18 Years or Older? _____ Phone Number: _____ Apt. Number: _____

In Case of Emergency Notify: _____ Address _____ Phone Number _____

Are you prevented from Lawfully becoming employed in this Country because of Visa or Immigration Status? YES NO

Social Security Number: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary Desired: _____

Are you Employed Now? YES NO If "YES" may we contact your present employer? YES

Ever work for this Company before? YES NO When? _____

Reason for Leaving: _____

Who referred you to this company? _____

EDUCATION

School Level	Name and Location of School	Numbers of Years Attended	Did you graduate?	Subject Studied
Grammar School				
High School				
College				
Trade School				

GENERAL

Subject of Special Study or Research Work _____

Special Training _____

Special Skills _____

ALL MAIL TO: P.O. Box 3217 Hoboken, NJ 07030

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