

PERIODIC INSPECTION PROGRAM – INSPECTOR APPLICATION FORM

* Required Entry

PERSONAL INFORMATION

First Name*: _____ Middle Name: _____ Last Name*: _____

Email Address*: _____

Street Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Home Phone*: (____) ____-____ Work Phone: (____) ____-____

For Non Law Enforcement Applications:

Are you eligible to work in the United States? Yes No

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No

If yes, please explain: _____

COMPANY INFORMATION (If Applicable):

Company Name: _____

POSITION/AVAILABILITY

Position Applied For: Safety Inspector

Available Day and Times:

Days*: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours*: From: _____ a.m./p.m. To: _____ a.m./p.m.

What date are you available to start work?* Month: _____ Day: _____ Year: _____

Desired Work Location:

City*: _____

State*: _____

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EDUCATION/QUALIFICATIONS

Name and Address of School*: _____

Degree/Diploma*: _____ Graduation Date*: _____

Skills and Qualifications: Training, Skills, Licenses, Awards*

Are you currently a CVSA Certified Commercial Vehicle Inspector? Yes No

If yes, how long have been certified? _____

When you were last certified? _____

Have you ever been a CVSA certified inspector? Yes No

If yes, please list the certifying agency(s): _____

Approximately how many CVSA inspections have you performed? _____

Do you possess a Commercial Driver's License (CDL)? Yes No

EMPLOYMENT HISTORY

Present or Last Position*: _____

Employer*: _____ Supervisor: _____

Address*: _____

Position Title*: _____ From*: _____ To*: _____

Responsibility*: _____

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Previous Position: _____

Employer: _____ Supervisor: _____

Address: _____

Position Title: _____ From: _____ To: _____

Responsibility: _____

Reason for Leaving: _____

Previous Position: _____

Employer: _____ Supervisor: _____

Address: _____

Position Title: _____ From: _____ To: _____

Responsibility: _____

Reason for Leaving: _____

REFERENCES

Name/Title: _____

Address: _____

Phone: (_____) _____ - _____

Name/Title: _____

Address: _____

Phone: (_____) _____ - _____

Name/Title: _____

Address: _____

Phone: (_____) _____ - _____

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I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment/contract at any point in the future if I am hired. I authorize the verification of any or all information listed above.

I agree with the above.

Please submit a completed form to one of the following:

Email: info@checkmarkpip.com

Fax: 703.435.1139

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