



P.O. Box 993
Valley Forge, PA 19482
610-935-1999
FAX 610-935-1904
bscs@bluestreakcourier.com

COURIER APPLICATION

NAME: Last, First, Middle SOCIAL SECURITY #

ADDRESS: Street #, Street Name, Apt #, City, State, Zip Code PHONE #

US CITIZEN: Yes/No _____ If NO, do you have the legal right to remain in the United States? Yes/No _____

| SCHOOL NAME | SCHOOL ADDRESS | DATES ATTENDED | | GRADUATE? |
|-------------|----------------|----------------|----|-----------|
| High School | City & State | From | To | Yes/No |

College

| EMPLOYMENT HISTORY (List most recent/current employment first) | DATES: | |
|----------------------------------------------------------------|--------|----|
| Name of Company | From | To |

| ADDRESS: Street, City, State | SALARY: |
|------------------------------|------------------------|
| | Start _____ Last _____ |

REASON FOR LEAVING: SUPERVISOR'S NAME:

DESCRIPTION OF WORK PERFORMED: MOST RECENT TITLE:

MAY WE CONTACT FOR REFERENCE: Yes/No _____ PHONE #: _____

COMMENTS: _____

| PREVIOUS EMPLOYER: | DATES: | |
|--------------------|--------|----|
| Name of Company: | From | To |

| ADDRESS: Street, City, State | SALARY: |
|------------------------------|------------------------|
| | Start _____ Last _____ |

REASON FOR LEAVING: SUPERVISOR'S NAME:

DESCRIPTION OF WORK PERFORMED: MOST RECENT TITLE:

MAY WE CONTACT FOR REFERENCE: Yes/No _____ PHONE #: _____

COMMENTS: _____

Complete Items on Reverse Side



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REFERENCES: (Do not list relatives)

| Name | City & State | Phone # |
|----------|--------------|---------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Year, Make & Model of Vehicle to be used: _____

Driver's License #: _____ **State:** _____ **License Plate #:** _____ **State:** _____

Vehicle Registration #: _____ **State:** _____ **License ever suspended or revoked ? Yes/No** _____

Insurance Company Name: _____ **Policy #:** _____

Have you ever been granted a bond or security clearance? Yes/No _____ **Level of Clearance** _____

When was clearance granted? _____ **Employer:** _____

Have you ever been convicted of a crime? Yes/No _____ **Explain:** _____

UP TO WHAT WEIGHT PACKAGE ARE YOU COMFORTABLE LIFTING?

1-25# _____ ; **26-50#** _____ ; **51-75#** _____ ; **76-100#** _____ ; **100-150#** _____ **If NOT able to lift any weight, please explain:**

PLEASE LIST BELOW YOUR PREFERRED DAYS & HOURS OF AVAILABILITY:

(Include evening and weekend hours, if desired)

In Case of EMERGENCY, Notify: (Give Name, Address & Phone #)

Alternate Contact: _____

I HEREBY AUTHORIZE BLUE STREAK COURIER SERVICE TO CONDUCT EMPLOYMENT REFERENCE INQUIRIES TO THE COMPANIES AND PERSONAL REFERENCES THAT I HAVE HEREIN SPECIFIED. I FURTHER CERTIFY THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **DATE:** _____