



# WEST PACIFIC COURIERS

24 Hour Service  
Phone: (800) 905 4052  
Fax: (800) 905 4054  
www.shipwpc.com

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## EMPLOYMENT APPLICATION

### Personal Information

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address (Apt#) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### Valid CA Driver License

CA DL #: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Exp Date: \_\_\_\_\_ Type: \_\_\_\_\_

Car (year, make & model): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### Education

High School Diploma or GED? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of School beyond High School: \_\_\_\_\_

Training Length: \_\_\_\_\_ Or date completed: \_\_\_\_\_

### Experience with Courier Company

Company Name: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Work Experience

Company Name: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

*I certify that all statements on this form are true and complete to the best of my knowledge and belief. If employed, I understand that any false or incomplete information I have given may be considered cause for termination of contract.*

