



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

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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: \_\_\_\_\_



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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:** \_\_\_\_\_