



GENERAL LABORER Employee Application

Applicants that desire to drive intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (TOTAL OF 10 YEARS EMPLOYMENT RECORD)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College/ Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list one professional reference and two personal references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Work Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor
for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor
for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DRIVER LICENSE INFORMATION

STATE ISSUED FROM: _____ TYPE OF LICENSE: _____

LICENSE NUMBER: _____ EXPIRATION DATE: _____

EQUIPMENT EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES TO AND FROM	APPROX. NO OF MILES/HOURS(TOTAL)
COMMERCIAL TRUCKS (SEMI/DUMP/STRAIGHT			
FARM TYPE EQUIPMENT (TRACTOR ETC.)			
CONSTRUCTION TYPE (ROLLER/PACKER)			
CONSTRUCTION TYPE (BACKHOE/DOZER ETC)			

ACCIDENT RECORD FOR PAST 3 YEARS (ATTACH SHEET IF MORE SPACE NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR ENDED, UPSET ETC.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	CHEMICAL SPILLS (YES OR NO)

TRAFFIC CONVICTIONS/FORFEITURES PAST 3 YEARS (OTHER THAN PARKING)

DATE CONVICTED	VIOLATION	STATE AND LOCATION	PENALTY (FORFEITED BOND, COLLATERAL AND/OR POINTS ASSESSED OR FINE)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, please explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, please explain _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other relate matter as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

*I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: *Review information provided by current/previous employers,*Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer, and *Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.*

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Signature (required): _____ Date: _____

Email application to mti@myomntel.com