



TRANSPORTATION CO.

900 S. BRADLEY BOX 389 MT. PLEASANT, MI 48804-0389
PHONE (989) 773-1376 FAX (989) 773-7640

"AN EQUAL OPPORTUNITY EMPLOYER"

Applicant: **Read and sign before submitting this application.**

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant _____ Date _____

NAME _____
First Middle Last Phone _____

ADDRESS _____
Street City State Zip Code

DATE OF BIRTH _____ (Answer only if applying for a driving position.)

SOCIAL SECURITY NUMBER _____

IN CASE OF EMERGENCY NOTIFY: _____
Name Address Phone

Have you worked for this Company or a Sister Company before? _____

If yes: _____
Where When Position

Reason for leaving _____

Names of any relatives employed by the Company _____

Are you currently employed? _____ If not, last date of employment _____

Who referred you? _____

POSITION APPLYING FOR _____ Part Time ___ Full Time ___

Rate of pay expected _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

PHYSICAL HISTORY

Please describe any positions, jobs or duties for which you should not be considered because of physical, medical or mental disabilities. _____

EMPLOYMENT RECORD

NOTE: The United States Department of Transportation requires that applicants for driving positions must advise prospective employers of positions held as a commercial driver during the past 10 year period.

Start with your last or current position, including military experience and work back. (Attach a separate sheet of paper if necessary)

1) Current Employer _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

2) Company _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

3) Company _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

4) Company _____ Supervisor's Name _____
Address _____ Phone Number _____
Position Held _____ From _____ To _____ Salary _____
Reason for leaving _____

REFERENCES: (Do not include former employers)

Name _____ Business _____
Address _____ Phone _____ Yrs. Known _____

Name _____ Business _____
Address _____ Phone _____ Yrs. Known _____

Name _____ Business _____
Address _____ Phone _____ Yrs. Known _____

DRIVERS EXPERIENCE & QUALIFICATIONS

Drivers License Number _____ State Issued _____ Exp. Date _____

C.D.L. Type: (Circle one) A B C Endorsements: (Circle all that apply) T P N H X

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

Has at any time your driver's license, permit or privilege ever been suspended or revoked? Yes No

Have you ever been disqualified for the violations of the Federal Motor Carrier Safety Regulations? Yes No

If you answered "yes" to any of the last three questions, please attach statement giving the details.

Indicate the equipment you can operate by writing the number of years of experience in each type:

Equipment:	Years:	Equipment:	Years:
Tandem		Vbottom	
Tri-Axle		Live Bottom	
Quad-Axle		Loader	
Short Double		Other	
Long Double		Other	

List special courses or training that will help you as a driver _____

List any safe driving awards you hold and from whom? _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach sheet if more space is needed)

Date: _____ Nature of Accident: _____ Fatalities: _____ Injuries: _____
(Head-on, Upset, etc.)

Date: _____ Nature of Accident: _____ Fatalities: _____ Injuries: _____
(Head-on, Upset, etc.)

Date: _____ Nature of Accident: _____ Fatalities: _____ Injuries: _____
(Head-on, Upset, etc.)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Location Date Charge Penalty

Location Date Charge Penalty

Location Date Charge Penalty

MAINTENANCE EXPERIENCE & QUALIFICATIONS

List courses and training in maintenance work _____

Do you have any welding experience? _____ How many years? _____

JOB FUNCTION

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Drive Line Components			Body work		
Diesel engine Tune-up & Rebuild			Electrical Repair		
Gas Engine Tune-up & Rebuild			Frame and Wheel Alignment		
Tire Service			Brakes		
Trailer Repair			Cooling System		
Air Conditioning			Inspections		
			General Car Repair		

SHOP EQUIPMENT

Indicate training & experience in the following:	Formal Training (Check)	Years of Experience	Area	Formal Training (Check)	Years of Experience
Electrical Diagnostic Equipment			Tire Service Machine		
Sheet Metal Equipment			Wheel & Tire Balancing Machine		
Frame & Axle Straightening Equipment			Tire Recapping Mold		
Engine Rebuilding Equipment			Engine Dynamometer		
Diesel Injection Equipment			Chassis Dynamometer		
Electric Welder			Magnetic Crack Detector		
Oxyacetylene Welder			Engine Analyzer		
Paint Spray Gun			Noise Measuring Equip.		
Air Conditioning			Smoke Measuring Equip.		
			Inspections		
			General Car Repair		

APPLICANT MUST READ & SIGN

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period, regardless of the date of payment of my wages and salary, and I may be terminated at any time without prior notice."

Signature of Applicant

Date

Voluntary Affirmative Action Data

Please note: Completion of this form is voluntary. We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis, not for interviewing purposes. In an effort to comply with requirements regarding government record keeping, reporting and other required applicant data surveys. Providing this information is strictly voluntary. Failure to provide this information will not exclude you from the applicant pool. Your cooperation is appreciated.

Please be advised that this survey is not part of your official application for employment. It will be kept confidential in accordance with applicable laws and regulations.

Applicant Name: _____ Phone: _____

Address: _____

Male: _____ Female: _____ Position Applied For: _____

Referral Source:

_____ Governmental Employment _____ Private Employment Agency _____ Current Employee

_____ Walk-in _____ School _____ Relative _____ Other _____

Advertisement – located in: _____

Person who referred you, if applicable: _____

Please select one of the following Equal Employment Opportunity Identification Groups:

_____ Hispanic _____ Caucasian _____ American Indian / Alaskan Native

_____ Asian / Pacific Islander _____ Black

Veteran: Yes No

Handicap: Yes No