



**Application for Employment**

Note; Read and complete all portions of this proposal in your own handwriting (legibly) in ink (Please Print). Applications that are incomplete or filled out in pencil may be rejected.

|   |      |  |     |
|---|------|--|-----|
| <b>Personal Information</b>   |      | Home Phone: ( ) _____                  |     |
| Name; _____   |      | Cell Phone: ( ) _____                  |     |
| Current Address _____   |      |  |     |
| Street  | City | State                                  | Zip |
| How Long ? _____  |      | Social Security# _____ - _____ - _____ |     |
| Date Of Birth _____ (DOT requires age. All CMV Drivers must be at least 21 years old)   |      |  |     |
| Have you ever been known by another name? <input type="radio"/> Yes <input type="radio"/> No  |      |  |     |
| If Yes, Name; _____   |      |  |     |
| Are you a U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No  |      |  |     |
| If no, are you legally permitted to work in the U.S. ? <input type="radio"/> Yes <input type="radio"/> No   |      |  |     |
| Type of Employment Desired <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Temporary <input type="radio"/> Seasonal |      |  |     |

If you have lived at your current address for less than 5 years please provide previous 5 years.

|        |       |       |       |                 |
|--------|-------|-------|-------|-----------------|
| _____  | _____ | _____ | _____ | How Long? _____ |
| Street | City  | State | Zip   |                 |

|        |       |       |       |                 |
|--------|-------|-------|-------|-----------------|
| _____  | _____ | _____ | _____ | How Long? _____ |
| Street | City  | State | Zip   |                 |

**How Did you hear about us?**

- Sign On Monroe Vehicle   
  Monster   
  Craig's List   
  Gov Employment Agency  
 Walk In   
  Monroe Employee Referral   
 Name: \_\_\_\_\_

**Military Service Record**

Have you ever served in the U.S. armed forces?     Yes     No

Branch?  Army     Navy     Air Force     Marines     Coast Guard     Guard/Reserves

**Education** –Circle highest year completed

## Education

Grade School 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

High School Diploma or Equivalent  Yes  No

List any training or special study you are attending or have completed.

|        |               |            |          |
|--------|---------------|------------|----------|
| _____  | _____         | From _____ | To _____ |
| Course | Certification |            |          |
| _____  | _____         | From _____ | To _____ |
| Course | Certification |            |          |

## Personal History For The Past 5 Years

Begin with your present experience and work backward in order, listing all of your employers, periods of education, military service, self-employment, and unemployment for at least ten years. All time must be accounted for. Fill in all blanks or gaps in time for the past five years. Your application cannot be processed without phone numbers.

|   |                      |
|---|----------------------|
| <b>Dates:</b> From _____ To _____                     | <b>Position Held</b> |
| <b>Company</b>  | Avg Wkly Earnings    |
| <b>Address</b>  | Reason For Leaving   |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ |                      |
| <b>Phone ( )</b> _____                                |                      |
| <b>Supervisor</b>                                     |                      |
| <b>FT / PT</b> _____ <b>Hours Per Wk</b> _____        |                      |

★ May We contact this employer (if any) to verify your work record?  Yes  No

Period of unemployment (if any) Dates: From \_\_\_\_\_ To \_\_\_\_\_

|   |                      |
|---|----------------------|
| <b>Dates:</b> From _____ To _____                     | <b>Position Held</b> |
| <b>Company</b>  | Avg Wkly Earnings    |
| <b>Address</b>  | Reason For Leaving   |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ |                      |
| <b>Phone ( )</b> _____                                |                      |
| <b>Supervisor</b>                                     |                      |
| <b>FT / PT</b> _____ <b>Hours Per Wk</b> _____        |                      |

Period of unemployment (if any) Dates: From \_\_\_\_\_ To \_\_\_\_\_

|   |                      |
|---|----------------------|
| <b>Dates:</b> From _____ To _____                     | <b>Position Held</b> |
| <b>Company</b>  | Avg Wkly Earnings    |
| <b>Address</b>  | Reason For Leaving   |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ |                      |
| <b>Phone ( )</b> _____                                |                      |
| <b>Supervisor</b>                                     |                      |
| <b>FT / PT</b> _____ <b>Hours Per Wk</b> _____        |                      |

Period of unemployment (if any) Dates: From \_\_\_\_\_ To \_\_\_\_\_

|   |                           |
|---|---------------------------|
| <b>Dates:</b> From _____ To _____                     | <b>Position Held</b>      |
| <b>Company</b>  | <b>Avg Wkly Earnings</b>  |
| <b>Address</b>  | <b>Reason For Leaving</b> |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ |                           |
| <b>Phone ( )</b> _____                                |                           |
| <b>Supervisor</b>                                     |                           |
| <b>FT / PT</b> _____ <b>Hours Per Wk</b> _____        |                           |

Period of unemployment (if any)      Dates: From \_\_\_\_\_ To \_\_\_\_\_

|   |                           |
|---|---------------------------|
| <b>Dates:</b> From _____ To _____                     | <b>Position Held</b>      |
| <b>Company</b>  | <b>Avg Wkly Earnings</b>  |
| <b>Address</b>  | <b>Reason For Leaving</b> |
| <b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____ |                           |
| <b>Phone ( )</b> _____                                |                           |
| <b>Supervisor</b>                                     |                           |
| <b>FT / PT</b> _____ <b>Hours Per Wk</b> _____        |                           |

Please indicate below why you want to work for Monroe Transportation Services Inc.

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**TO BE READ AND SIGNED BY THE APPLICANT**

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

By completing this application, I;

- Authorize Monroe Transportation Services Inc. (Employer) or it's agent to investigate my character, general reputation and prior employment by contacting my past employers, references or any other individuals the Employer considers necessary.
- Authorize Employer, my prior employers, references and any other individuals contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's use of those results in deciding whether I should be offered employment;
- Acknowledge and agree that evidence of illegal drug use during my employment will be grounds for immediate termination without recourse;
- Certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge;
- Agree that, if any information in this application changes, I will immediately provide Employer with new and updated information;
- Agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

This application is current for only (60) days. At conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_