

M.A.S. Company, Inc.

Application for Employment

Today's Date: _____

Name: _____ DOB: _____

Address: _____ Drivers Lic#: _____

Home Phone Number: _____ Cell Phone: _____

Previous Address if less then 3 years at present: _____

Position Applied for: _____ Date you can start: _____ Desired Pay Rate: _____

Are you presently employed? : _____ Name of employer: _____

Reason for seeking other employment: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

DRIVING HISTORY

Do you have a CDL License? : _____ What Class? : _____ Years with this CDL: _____

List other endorsements/licenses: _____

List commercial vehicles you have experience driving: _____

Do you have a current D.O.T. Physical card? : _____ When is the expiration date? : _____

Do you have any infractions on your driving record? : _____

List any violations for the last 3 years

	Violation	Date of infraction	Points or other punishment
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you ever been convicted of DUI or DWI? : _____

Work History

Please list last 3 employers

Company Name: _____ Immediate Supervisor: _____

Company Phone Number: _____ Company Address: _____

Start Date: _____ End Date: _____ Start Pay Rate: _____ End Pay Rate: _____

Start Position: _____ Ending Position if different: _____

List of Duties: _____

Reason for Leaving: _____

Company Name: _____ Immediate Supervisor: _____

Company Phone Number: _____ Company Address: _____

Start Date: _____ End Date: _____ Start Pay Rate: _____ End Pay Rate: _____

Start Position: _____ Ending Position if different: _____

List of Duties: _____

Reason for Leaving: _____

Company Name: _____ Immediate Supervisor: _____

Company Phone Number: _____ Company Address: _____

Start Date: _____ End Date: _____ Start Pay Rate: _____ End Pay Rate: _____

Start Position: _____ Ending Position if different: _____

List of Duties: _____

Reason for Leaving: _____

Are there any additional skills/ past responsibilities that you would like to list? : _____

Where did you hear of this position? : _____

Authorization

"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 AND EMPLOYERS LISTED ABOVE TO GIVE YOU AND ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: _____ SIGNATURE: _____