



APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_

How long at this address \_\_\_\_\_ Current Phone(s) \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ When? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Explain \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied? Explain \_\_\_\_\_

## Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicles.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER			
NAME		From	To
ADDRESS		Position	
CITY	STATE	ZIP	Wage
CONTACT PERSON		PHONE NBR.	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
REASON FOR LEAVING _____			

EMPLOYER			
NAME		From	To
ADDRESS		Position	
CITY	STATE	ZIP	Wage
CONTACT PERSON		PHONE NBR.	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
REASON FOR LEAVING _____			

EMPLOYER			
NAME		From	To
ADDRESS		Position	
CITY	STATE	ZIP	Wage
CONTACT PERSON		PHONE NBR.	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
REASON FOR LEAVING _____			

EMPLOYER			
NAME		From	To
ADDRESS		Position	
CITY	STATE	ZIP	Wage
CONTACT PERSON		PHONE NBR.	
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES ___ NO ___			
REASON FOR LEAVING _____			

**ACCIDENT RECORD FOR PAST 5 YEARS OR MORE. IF NONE, WRITE NONE**

Date of Accident	Type of Accident	Fatalities	Injuries
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)  
IF NONE, WRITE NONE**

LOCATION	DATE	CHARGE	PENALTY
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EDUCATION**

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12      College 1 2 3 4  
 Last School Attended \_\_\_\_\_ Location \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE IF NONE, WRITE NONE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES	NBR. OF MILES
Straight Truck	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____
Tractor – Two Trailers	_____	_____	_____
Motorcoach – School Bus	_____	_____	_____
Other	_____	_____	_____

LIST STATES OPERATED IN FOR LAST 5 YEARS \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST OTHER COURSES AND TRAINING NOT SHOWN ELSEWHERE ON THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH NOT LISTED ON THIS APPLICATION \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters 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 interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

**MIDWEST HAULING & CONTRACTING, INC.**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 291.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

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Print Name

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Social Security Number

**AUTHORIZATION FOR PAST DRUG AND ALCOHOL TEST RESULTS**

I understand that, under Federal law, it is a condition of qualification with Midwest Hauling & Contracting, Inc., that I provide written authorization to obtain the results of all Department of Transportation (DOT) required drug and alcohol test (including refusals to get tested) from all companies for which I provided services as a driver during the last two years, whether as an employee or independent contractor or as an employee or contractor of an agent of the company, or for which I took a pre-employment of prequalification drug test during the past two years and name(s) and addresses of any Substance Abuse Professional (SAP) under which I obtained treatment or counseling during the past five years.

The company listed below is one for which I provided services as a driver or to which I applied as a driver during the last two years. I authorize Midwest Hauling & Contracting, Inc., to obtain from this company and I authorize this company to furnish to Midwest Hauling & Contracting, Inc., the following information on my drug and/or alcohol tests (including any information the company obtained from a previous employer for whom I provided services as a driver or to which I applied for a driving position) during the last two years: (1) all positive drug test results; (2) all alcohol test results of 0.04 or greater; (3) all alcohol test results or 0.02 or greater but less and 0.04; (4) all instances in which I refused to submit to a DOT required drug and/or alcohol test.

Company Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Worked For or Applied to: \_\_\_\_\_

I have carefully read and fully understand this authorization. I certify that all of the information that I have furnished is true and complete and that the company listed is one that I have provided services for as a driver or applied for work or qualification as a driver during the past two years.

\_\_\_\_\_  
Applicant Signature & Social Security Number

\_\_\_\_\_  
Date