



TRUCKING & TRANSPORTATION

APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE NUMBER _____

SOCIAL SECURITY: _____

EMERGENCY CONTACT: _____ PHONE: _____

LICENSE INFORMATION

STATE	#	TYPE	EXPIRATION

NUMBER OF YEARS DRIVING _____

NUMBER OF MILES DRIVEN IN CAREER _____

TO BE READ AND SIGNED BY THE APPLICANT

I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I authorize M&G Trucking and Transportation, Inc to investigate my past and present employment and verify all data provided by me on the application including MVR and information from previous employers. I release from all liability any persons, companies, corporations supplying such information. I release M&G Trucking and Transportation Inc from any and all liability resulting from the verification of such information. I understand that any false statement or omission of fact on this application or on any supporting documents shall be grounds for non-hire or discharge, regardless of when discovered by M&G Trucking & Transportation, Inc.

Date _____ Applicants Signature _____

ACCIDENT RECORD FOR PREVIOUS 3 YEARS

DATE	NATURE OF ACCIDENT	INJURIES	DAMAGE

TRAFFIC CONVICTIONS FOR PREVIOUS 3 YEARS

LOCATION	DATE	CHARGE	EXPLANATION

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES FROM	DATES TO	MILES DRIVEN

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS? _____

EMPLOYMENT HISTORY

Note: DOT requires that employment for the past 10 years be listed. The previous three years of employers will be contacted for the purpose of investigating your safety performance history.

LAST EMPLOYER: NAME: _____ PHONE: _____
FAX: _____ CITY: _____ ST: _____
CONTACT: _____ POSITION HELD: _____
FROM _____ TO _____
REASON FOR LEAVING _____

LAST EMPLOYER: NAME: _____ PHONE: _____
FAX: _____ CITY: _____ ST: _____
CONTACT: _____ POSITION HELD: _____
FROM _____ TO _____
REASON FOR LEAVING _____

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