



**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 and 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: \_\_\_\_\_ Applicant's 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 employment for the past 10 years to be listed below. 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_