

DRIVER'S APPLICATION FOR EMPLOYMENT

MILAN LOGISTICS INC

753 Port America Place

Suite 207

Grapevine, TX 76051

Phone# 817-329-2055

Fax# 817-329-2099

MC 822800

USDOT 2393479

Applicant Name _____ Date of Application _____

E-mail Address _____

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.

TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history and required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ POINT EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

APPLICANT TO COMPLETE

(Answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No. _____

 Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____

Street	City	Phone	How Long?
State	Zip Code		yr./mo.

Previous Addresses

Street	City	State & Zip Code	How Long?
			yr./mo.
Street	City	State & Zip Code	How Long?
			yr./mo.
Street	City	State & Zip Code	How Long?
			yr./mo.

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

Date of Birth _____ Can you provide proof of age? _____

Have you work for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you even been bonded? _____ Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All drive 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 vehicle.

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

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR.
ADDRESS	POSITION HELD	
CITY STATE ZIP		
CONTACT PERSON PHONE NO.	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WAS YOUR JOS DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJET TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP		
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOS DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJET TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP		
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCRs WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOS DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJET TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP		
CONTACT PERSON	PHONE NO.	REASON FOR LEAVING	
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WAS YOUR JOS DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJET TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	
CONTACT PERSON		PHONE NO.	
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EMPLOYER		DATE	
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WAS YOUR JOS DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJET TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

- Includes vehicles having GVWR of 26, 001 lbs. or more, vehicle designed to transport 16 or more passengers (including the driver), or any size vehicle to transport hazardous materials in a quantity requiring placarding.
- The Federal Motor Carrier Safety Regulation (FMCSRs) apply to anyone operation a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10, 001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver) OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QULIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ____ NO ____

B. Has any license, permit or privilege ever been suspended or revoked?

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

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	SELECT TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP,REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP,REFER)			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP,REFER)			
TRACOR- TREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP,REFER)			
MOTORCOACH-SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	_____			
MOTORCHOAC- SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	_____			
OTHER				

LIST STATES OPERETED IN FOR LAST FIVE YEARS: _____

SHOW SPECIAL COURSES OF TRAININ THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE RIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

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

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATIONCIRCLE HIGHEST GRADE COMPLETED: 1☐, 2☐, 3☐, 4☐, 5☐, 6☐, 7☐, 8☐HIGH SCHOOL: 1☐, 2☐, 3☐, 4☐ COLLEGE: 1☐, 2☐, 3☐, 4☐

LAST SCHOOL ATTENDED (name) _____ (city, state) _____

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.

Signature: _____ Date: _____