

# APPLICATION FOR EMPLOYMENT

MONROE TRUCK EQUIPMENT, INC.  
2400 Reo Dr.  
Flint, MI 48507  
AN EQUAL OPPORTUNITY EMPLOYER

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Became aware of job by:  Walk-in  Friend  Ad  Employment Services  Other: \_\_\_\_\_

Status Preference:  Full-Time  Part-Time Shift Preference:  First  Second  Third  Any

## PERSONAL INFORMATION

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
(Street) (City) (State & Zip Code) (How long?)

Address: \_\_\_\_\_  
For Past (Street) (City) (State & Zip Code) (How long?)  
3 Years:

\_\_\_\_\_ (Street) (City) (State & Zip Code) (How long?)

(Attach Sheet if more space is needed)

Are you age 18 or over: \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you age 21 or over: \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently on a layoff status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony, or pleaded no contest to a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been disciplined or discharged for:

- absenteeism, tardiness or failure to notify your company when absent? \_\_\_\_\_ Yes \_\_\_\_\_ No

- theft, unauthorized removal of company property or related offenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

- fighting, assault or insubordination? \_\_\_\_\_ Yes \_\_\_\_\_ No

- being in possession of or under the influence of alcohol or drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered yes to any of the above, please explain. (An affirmative response will not necessarily disqualify an applicant.)

Have you ever applied for a position with us before?

If yes, when? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not a U.S. citizen, do you have the legal right to remain permanently in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever worked under a different name?

If yes, what name? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

## EDUCATION AND TRAINING

High School Complete Address No. Years Completed

Trade/Tech School Complete Address Course of Study Graduate (Y/N)/Year

College or University Complete Address Major Degree/Yrs Completed

List any other education, training, special skills or certificates/licenses that you possess that are related to this job:

List any machines or equipment that you are qualified and experienced at operating:

## WORK HISTORY

List the last 10 years' work experience *beginning with the most recent*. Account for all periods of time. (DOT requires Commercial Driving experience for the past 10 years be shown.) Use additional sheets if needed.

Name of Last/Current Employer	Address	Phone	From _____ To _____ Dates Employed
Starting Position	Current/Last Position	Starting Wage	Ending Wage
Your Duties		Reason for Leaving	
Immediate Supervisor		May we contact: Y / N	

Name of Employer	Address	Phone	From _____ To _____ Dates Employed
Starting Position	Current/Last Position	Starting Wage	Ending Wage
Your Duties		Reason for Leaving	
Immediate Supervisor			

Name of Employer	Address	Phone	From _____ To _____ Dates Employed
Starting Position	Current/Last Position	Starting Wage	Ending Wage
Your Duties		Reason for Leaving	
Immediate Supervisor			

## REFERENCES

	NAME	BUSINESS	PHONE	YRS. KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If accepted for employment, I hereby agree to comply with all rules and regulations, to perform all assigned duties to the best of my ability, and to assume all responsibility for all company property entrusted to my care.

I certify that the entries I have made on this form are true and correct to the best of my knowledge and I do understand any omissions or material mis-statements of fact are cause for dismissal. I authorize investigation of information I have provided without any liability whatsoever arising therefrom. I further agree to undergo such medical examinations as may be required from time to time during the period of my employment.

I understand and agree that I may terminate my employment at any time without notice or cause and the company possesses a right to terminate my employment or modify our employment relationship at any time without cause or notice. I understand and agree further, that practices and statements set forth in policies, handbooks or other company literature do not create an employment contract or term and that the company, at its discretion, may modify, amend or terminate present or future policies and practices relating to wages, hours benefits and other terms and conditions of employment.

Finally, in consideration of my employment and any wages, salary or other remuneration paid to me by the company, I agree not to communicate or disclose to any person, not employed by the company, any proprietary knowledge, confidential information or trade secrets acquired by me during my association with the company and that the company shall have full title to every invention, discovery, or improvement conceived or delivered by me during my employment, and I agree, if requested, to execute such instrument and assignments as may be necessary to enable the company to obtain letters or patent thereon in the U.S. and elsewhere.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## DRIVER'S APPLICANTS ONLY

Do you have a valid driver's license in this state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, D.L.#: \_\_\_\_\_ Expires: \_\_\_\_\_

Type: \_\_\_\_\_

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

If yes, please explain \_\_\_\_\_

### Experience and Qualifications – Driver

#### Driving Experience

Class of Equipment	Type of Equipment (van, tank, Flat, etc.)	From	Dates To	Approx. No. of Miles (Total)
<b>Straight Truck</b>				
<b>Tractor &amp; Semi-Trailer</b>				
<b>Tractor-Two Trailers</b>				
<b>Other</b>				

#### Accident Record for past 3 years or more (attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
<b>Last Accident</b>			
<b>Next Previous</b>			
<b>Next Previous</b>			

#### Traffic convictions and forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

**Note:** A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.