

APPLICATION FOR EMPLOYMENT

MONROE TRUCK EQUIPMENT, INC.
621 Buhler St
Galion, OH 44833
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. Use additional sheets if needed.

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

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

<hr/>	<hr/>	<hr/>	<u>From</u>	<u>To</u>
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Starting Position	Current/Last Position	Starting Wage	Ending Wage	
<hr/>	<hr/>	<hr/>	<hr/>	
Your Duties		Reason for Leaving		
<hr/>	<hr/>			
Immediate Supervisor	<hr/>			

REFERENCES

NAME	BUSINESS	PHONE	YRS. KNOWN
1. <hr/>	<hr/>	<hr/>	<hr/>
2. <hr/>	<hr/>	<hr/>	<hr/>
3. <hr/>	<hr/>	<hr/>	<hr/>

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.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

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
Last Accident			
Next Previous			
Next Previous			

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.

VOLUNTARY SELF-IDENTIFICATION

Applicants are considered for employment, and employees are treated during employment, without regard to race, color, national origin, religion, sex, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

Government agencies at times require statistical information concerning the sex, ethnicity, veteran, handicap and other protected status of our applicants and employees. So that we can report such information accurately, it would help us if you would volunteer to supply the information requested in this form.

If you choose to complete this form, please be assured that it will be separated from your application prior to any consideration of your employment. This information will be kept confidential, and refusal to provide it will not subject you to any adverse treatment.

This information will be used to assist us in appropriate employment placement and for the required reporting to government agencies of statistical information concerning applicants and employees.

Sex: _____ Female _____ Male

Race/Ethnic Group: _____ White _____ Black
_____ Hispanic _____ American Indian
_____ Asian/Pacific Islander _____ Alaskan Native

I am a: _____ Handicapped Individual
_____ Vietnam Era Veteran
_____ Disabled Veteran

The nature of my handicap or disability is: _____

Following is a list of special skills, knowledge, or experience which may qualify me for positions notwithstanding my handicap or disability: _____

The following accommodations, if made, would enable me to perform the job properly and safely:

I understand that the *SUBMISSION OF THIS INFORMATION IS VOLUNTARY.*

Applicant Signature

Date

Applicant Name (printed)

