



Application for Employment

Note; Read and complete all portions of this proposal in your own handwriting (legibly) in ink (Please Print). Applications that are incomplete or filled out in pencil may be rejected.

Personal Information

Home Phone: () _____

Name; _____

Cell Phone: () _____

Current Address _____

Street

City

State

Zip

How Long ? _____

Social Security# _____ - _____ - _____

Date Of Birth _____ (DOT requires age. All CMV Drivers must be at least 21 years old)

Have you ever been known by another name? ☐ Yes ☐ No

If Yes, Name; _____

Are you a U.S. Citizen? ☐ Yes ☐ No

If no, are you legally permitted to work in the U.S. ? ☐ Yes ☐ No

Type of Employment Desired ☐ Full Time ☐ Part Time ☐ Temporary ☐ Seasonal

If you have lived at your current address for less than 5 years please provide previous 5 years.

Street	City	State	Zip	How Long? _____

Street	City	State	Zip	How Long? _____

How Did you hear about us?

☐ Sign On Monroe Vehicle ☐ Monster ☐ Craig's List ☐ Gov Employment Agency

☐ Walk In ☐ Monroe Employee Referral Name: _____

Military Service Record

Have you ever served in the U.S. armed forces? ☐ Yes ☐ No

Branch? ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Guard/Reserves

Education –Circle highest year completed

Education
Grade School 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

High School Diploma or Equivalent ☐ Yes ☐ No

List any training or special study you are attending or have completed.

_____	_____	From_____	To _____
Course	Certification		
_____	_____	From_____	To _____
Course	Certification		

Personal History For The Past 5 Years

Begin with your present experience and work backward in order, listing all of your employers, periods of education, military service, self-employment, and unemployment for at least ten years. All time must be accounted for. Fill in all blanks or gaps in time for the past five years. Your application cannot be processed without phone numbers.

Dates: From _____ To _____	Position Held
Company	Avg Wkly Earnings
Address	Reason For Leaving
City _____ State _____ Zip _____	
Phone () _____	
Supervisor	
FT / PT _____ Hours Per Wk _____	

★ May We contact this employer (if any) to verify your work record? ☐ Yes ☐ No

Period of unemployment (if any) Dates: From_____ To _____

Dates: From _____ To _____	Position Held
Company	Avg Wkly Earnings
Address	Reason For Leaving
City _____ State _____ Zip _____	
Phone () _____	
Supervisor	
FT / PT _____ Hours Per Wk _____	

Period of unemployment (if any) Dates: From_____ To _____

Dates: From _____ To _____	Position Held
Company	Avg Wkly Earnings
Address	Reason For Leaving
City _____ State _____ Zip _____	
Phone () _____	
Supervisor	
FT / PT _____ Hours Per Wk _____	

Dates: From_____ **To** _____

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Dates:	From	To	Position Held
Company			Avg Wkly Earnings
Address			Reason For Leaving
City	State	Zip	
Phone ()			
Supervisor			
FT / PT	Hours Per Wk		

Dates: From_____ **To** _____

Dates:	From	To	Position Held
Company			Avg Wkly Earnings
Address			Reason For Leaving
City	State	Zip	
Phone ()			
Supervisor			
FT / PT		Hours Per Wk	

Please indicate below why you want to work for Monroe Transportation Services Inc.

[illegible]

TO BE READ AND SIGNED BY THE APPLICANT

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

By completing this application, I;

- Authorize Monroe Transportation Services Inc. (Employer) or it's agent to investigate my character, general reputation and prior employment by contacting my past employers, references or any other individuals the Employer considers necessary.
- Authorize Employer, my prior employers, references and any other individuals contacted by Employer to release any and all information they may have regarding me and absolve those parties who provide information requested from any and all liability related to their doing so;
- Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's use of those results in deciding whether I should be offered employment;
- Acknowledge and agree that evidence of illegal drug use during my employment will be grounds for immediate termination without recourse;
- Certify by my signature that all entries on this application and all information in it are true and complete to the best of my knowledge;
- Agree that, if any information in this application changes, I will immediately provide Employer with new and updated information;
- Agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.

This application is current for only (60) days. At conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date ____/____/____