

# M.A.S. Company, Inc.

## Application for Employment

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers Lic#: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Previous Address if less then 3 years at present: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Desired Pay Rate: \_\_\_\_\_

Are you presently employed? : \_\_\_\_\_ Name of employer: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### DRIVING HISTORY

Do you have a CDL License? : \_\_\_\_\_ What Class? : \_\_\_\_\_ Years with this CDL: \_\_\_\_\_

List other endorsements/licenses: \_\_\_\_\_

List commercial vehicles you have experience driving: \_\_\_\_\_

Do you have a current D.O.T. Physical card? : \_\_\_\_\_ When is the expiration date? : \_\_\_\_\_

Do you have any infractions on your driving record? : \_\_\_\_\_

List any violations for the last 3 years

	<b>Violation</b>	<b>Date of infraction</b>	<b>Points or other punishment</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you ever been convicted of DUI or DWI? : \_\_\_\_\_

## Work History

Please list last 3 employers

Company Name: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Company Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Pay Rate: \_\_\_\_\_ End Pay Rate: \_\_\_\_\_

Start Position: \_\_\_\_\_ Ending Position if different: \_\_\_\_\_

List of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Company Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Pay Rate: \_\_\_\_\_ End Pay Rate: \_\_\_\_\_

Start Position: \_\_\_\_\_ Ending Position if different: \_\_\_\_\_

List of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Company Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Pay Rate: \_\_\_\_\_ End Pay Rate: \_\_\_\_\_

Start Position: \_\_\_\_\_ Ending Position if different: \_\_\_\_\_

List of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Are there any additional skills/ past responsibilities that you would like to list? : \_\_\_\_\_

Where did you hear of this position? : \_\_\_\_\_

### Authorization

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU AND ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_