

APPLICATION FOR EMPLOYMENT



P.O. Box 235
Basehor, KS 66007
Phone (913) 728-2888
Fax (913) 728-2899

(answer all questions - please print clearly)

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.

Date of Application: _____ **Position applied for:** _____

Full Name: _____
Last First Middle

Current Address: _____
Street
City State Zip

Home Phone #: _____ **D.O.B.:** _____

Cell Phone #: _____ **S.S. #:** _____

Email address: _____

If less than 3 years at current address, please provide previous addresses.

Previous Address: _____
Street
City State Zip

Previous Address: _____
Street
City State Zip

1. Do you have the legal right to work in the United States? Yes No
2. Can you provide proof of age? Yes No
3. Have you worked for this company before? Yes No (If yes, provide position, date & reason for leaving)

4. Are you currently employed? Yes No
5. If you answered yes to #4, may we contact your current employer? Yes No
6. Who referred you to our company? _____
7. Have you ever been bonded? Yes No (If yes, name of bonding company) _____
8. Have you ever been convicted of a felony? Yes No (If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to the Independent Contractor position. All circumstances will be considered.)
9. Is there any reason you might be unable to perform the functions of the position for which you have applied? Yes No (If yes, please explain on a separate sheet of paper.)

EMPLOYMENT HISTORY

All driver 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 TO
ADDRESS	POSITION
CITY STATE ZIP	RATE OF PAY
CONTACT PHONE	REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION
CITY STATE ZIP	RATE OF PAY
CONTACT PHONE	REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PHONE	REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION
CITY STATE ZIP	RATE OF PAY
CONTACT PHONE	REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYER	DATE
NAME	FROM TO
ADDRESS	POSITION
CITY STATE ZIP	RATE OF PAY
CONTACT PHONE	REASON FOR LEAVING
DID YOU DRIVE A VEHICLE REQUIRING A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO	

* Includes vehicles having a GVWR of 26, 001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 9 10 11 12

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____

NAME

CITY

ACCIDENT RECORD

FOR THE PAST 3 YEARS - IF NONE, WRITE **NONE**. (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES or INJURIES	WERE YOU AT FAULT?
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

TRAFFIC CONVICTIONS & FORFEITURES

FOR THE PAST 3 YEARS - OTHER THAN PARKING VIOLATIONS
IF NONE, WRITE **NONE**. (ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

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? YES NO

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

LICENSE INFORMATION

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

In what year was your initial CDL issued? _____

DRIVING EXPERIENCE

IF NONE, WRITE **NONE**.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. # OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Tractor - Two Trailers				
Motorcoach - School Bus				
Other _____				

LIST ALL STATES OPERATED IN FOR LAST FIVE YEARS:

OTHER QUALIFICATIONS

SPECIAL COURSESES OR TRAINING COMPLETED: _____

SAFE DRIVING AWARDS HELD (LIST FROM WHOM & DATE): _____

ADDITIONAL INFORMATION REGARDING SKILLS & EXPERIENCE THAT YOU WISH TO SHARE:

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.

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 a decision for employment. (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 securing employment, I understand that false or misleading information given in my application or interview(s) may result in termination of employment. I also understand that to maintain employment I am required to abide by the policies and procedures set in place by **Midwest Transit LLC** due to their right to protect their safety score and operating authority.

Date

Applicant Signature

PROCESSING RECORD

THIS SECTION TO BE COMPLETED BY COMPANY REPRESENTATIVE

DATE OF INTERVIEW: _____

GIVEN BY: _____

INTERVIEW FORM ATTACHED: Yes No

If no, explain: _____

CONCLUDING STATUS:

ACCEPTED START DATE: _____

DENIED REASON: _____

DATE

MANAGEMENT SIGNATURE