

## **APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION		Date:		Social Security	y Number:		
Name:							
	Last		First		Middle	(Maiden, if any)	
Address:	<u> </u>					<u> </u>	710
Phone:	Street	Cell/Beeper/Oth	er Phone:	City		State email:	ZIP
Referred by:				Are you 18 years of age or older? Yes or No			
EMPLOYMENT DESIRED				Date you		Salary	
Position:				Can Start:		Desired:	
				Is so, may we	inquire of		
Are you currently employed?		Yes	No	your present e	mployer?	Yes	No
Ever applied to this company befor	e?	Yes	No	Where?		When?	
EDUCATION				Last Year	Did You	Subjects Studies and	
	Name and locat	ion of school		Complete	d Graduate?	Degree(s) Received	
High School							
				_			
College							
Business, Trade, Etc.				-			

#### GENERAL

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-

related functions in the position you are applying for:

If you are to be hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility, as well as pass a drug test, and and provide a current MVR. You cannot be hired if you cannot comply with these requirements.

# **MiD-America Environmental Solutions**

### **APPLICATION FOR EMPLOYMENT**

### PREVIOUS THREE YEARS RESIDENCY

Street	City	State	Zip	# Years	
Street	City	State	Zip	# Years	
Street	City	State	Zip	# Years	
Attach Sheet if More Space is Needed					

### LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number		Туре	Expiration Date		
DRIVING EXPERIENCE						
	Type of Equipmen	nt	Dates	А	Approx. No. of	
Class of Equipment	(Van, Tank, Flat, I	Etc.) From	То	Miles (Total)		
Straight Truck						
Tractor and Semi-Trailer						
Tractor - Two Trailers						
Tractor - Tanker						
Other						
ACCIDENT RECORD FOR PAS	Г 3 YEARS OR MORE (AT	TACH SHEET IF N	IORE SPACE IS NEED	DED)		
	Nature of Accident		Number	Number	Chemical	
Dates	(Head-On, Rear-	End, Upset, Etc.)	Fatalities	Injuries	Spills	
		-			Yes or No	
					Yes or No	
					Yes or No	
TRAFFIC CONVICTIONS AND	FORFEITURES FOR THE	PAST 3 YEARS (Ot	her than parking violations)	•		
Date Convicted		State of Viola	tion	Penalty		
(month/year)	Violation	Location	(forfeited bond	(forfeited bond, collateral and/or points)		
	Attach she	et if more space is ne	eded.			
		I.				
A. Have you ever been denied a lice	ense, permit or privilege to ope	rate a motor vehicle?		Yes	No	
If yes, explain						

B.	Has any license, permit or privilege ever been suspended or revoked?	Yes	No
	If yes, explain		

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#### EMPLOYMENT HISTORY

Provide the following information for your past three employers, assignments or volunteer activities, starting with the most recent.

From:	To:	Employer:	Employer:		Telephone:		
Job Title:			Address:	Address:			
Supervisor and Title			Nature of work performe	Nature of work performed and job responsibilities:			
Reason for Leaving:			Hourly Rate/Salary:	Start: \$ Final: \$	per per		
Were you subje	ect to the Fede	ral Motor Carrier Safety Reg	gulations (FMCSRs) while employe	d by the previous er	mployer? Yes No		
	5 1	n designated as a safety sens 19 CRF Part 40? Yes No	, U	l mode, subject to al	cohol and controlled substances testing		
From:	To:	Employer:		Telephone:			
Job Title:		Address:	Address:				
Supervisor and Title			Nature of work performe	Nature of work performed and job responsibilities:			

 Reason for Leaving:
 Hourly Rate/Salary:
 Start: \$\_\_\_\_\_ per \_\_\_\_

 Final: \$\_\_\_\_\_ per \_\_\_\_\_
 Final: \$\_\_\_\_\_ per \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? Yes No

From:	To:	Employer:		Telephone:	
Job Title:		Address:			
Supervisor and Title			Nature of work performed and	job responsibilities:	
Reason for Leaving	::		Hourly Rate/Salary:	Start: \$ Final: \$	per per

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CRF Part 40? Yes No

**REFERENCES:** List below three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known
1		
2		
3		

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### TO BE READ AND SIGNED BY APPLICANT

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I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer or 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 employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CRF 391.23(d)(e)(i). I understand that I have the right to:

- Review information provided by current/previous employers.

- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employers; and

- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Date

Applicant's Signature - Typed Name acts as Signature

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature - Typed Name acts as Signature

Note: A motor carrier may require an applicant to provide information in addition to the information

required by the Federal Motor Carrier Safety Regulations.

SAVE OR PRINT DOCUMENT BEFORE YOU HIT SUBMIT. SUBMIT IS BY EMAIL AND DEPENDING ON HOW YOUR EMAIL IS SET UP AS TO HOW IT WILL WORK. IF IT DOESN'T WORK, MAIL US THE APPLICATION. DATA WILL RESET UPON THE HITTING SUBMIT BUTTON.