



# EMPLOYMENT APPLICATION

P.O. Box 699 Milan, Tennessee 38358  
Telephone (731) 686-7428

Date \_\_\_\_\_

**Position Applied For**       Management       Sales       Office/Clerical       Dock/Warehouse

City Driver       Linehaul Driver       Over The Road Driver       Mechanic       Owner Operator

**Availability**       Full Time       Part Time       Casual

## PERSONAL

Last Name		First Name		Middle Name		Social Security Number		
Present Address, Number, Street				City		State	Zip Code	How Long?
Prior Address, Number, Street				City		State	Zip Code	How Long?
Phone Number				Alternate Phone Number				
Are you 18 years of age or older? _____ (Hire is subject to verification that you are of minimum legal age.)								
<b>DRIVER POSITIONS ONLY</b>								
Are you 21 years of age or older? _____ Date of Birth _____ (As requested by U.S. Dept. of Transportation for those applying for Driver Positions)								
Drivers' License Number		Type		Endorsements		State Held		

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_ Name

Who referred you to Milan Express/How did you learn of us? \_\_\_\_\_

List names of friends or relatives working for this company:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Position \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Position \_\_\_\_\_

Rate of Pay Expected: \_\_\_\_\_

Shift:     Any shift     Days     Afternoons     Nights

Are You Willing To Work Overtime?     Yes     No    Weekends?     Yes     No

<b>For Office Use – Do Not Write In This Space</b>	
Employee Number _____	Terminal Identification Number _____
Date of Hire: Regular-Full Time _____	Regular Part-Time _____
Casual _____	Temporary _____
Original Termination Date _____	
Rehire Date _____	Rehire Termination Date _____
Transfer Date _____	Transfer From _____ To _____

## EDUCATION

Circle Years Education Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Postgraduate

	Name of School	Address	Course of Study	Did you Graduate?	Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apprentice or Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## MILITARY

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_  
Month Day Year Month Day Year

List duties in the Service: \_\_\_\_\_

## TRAFFIC CONVICTIONS/PERSONAL BACKGROUND

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

Have you ever been convicted of a DUI or DWI?  Yes  No If yes, Give Date: \_\_\_\_\_

Have you ever been convicted of Reckless Driving?  Yes  No If yes, Give Date: \_\_\_\_\_

Have you ever been convicted of a felony or serious crime?  Yes  No (not an automatic disqualification, all circumstances considered)

*If yes to any of the above questions, explain on a separate sheet of paper.*

**Traffic Convictions and Forfeitures for the past 3 years other than parking violations:**

Location	Date	Charge	Penalty

## WORK HISTORY

If unable to provide previous 10-year work history in the space provided below, please use separate sheet of paper to do so.

Name of Present or Last Employer		Address		Phone
Beginning Date	Ending Date	Ending Pay	Reason For Leaving	
Position Held		Name of Supervisor		Supervisor's Job Title
Description of duties, accomplishments, etc.				
What did you like best about this job?				
What did you like least about this job?				

Name of Next Previous Employer		Address		Phone
Beginning Date	Ending Date	Ending Pay	Reason For Leaving	
Position Held		Name of Supervisor		Supervisor's Job Title
Description of duties, accomplishments, etc.				
What did you like best about this job?				
What did you like least about this job?				

Name of Next Previous Employer		Address		Phone
Beginning Date	Ending Date	Ending Pay	Reason For Leaving	
Position Held		Name of Supervisor		Supervisor's Job Title
Description of duties, accomplishments, etc.				
What did you like best about this job?				
What did you like least about this job?				

Name of Next Previous Employer		Address		Phone
Beginning Date	Ending Date	Ending Pay	Reason For Leaving	
Position Held		Name of Supervisor		Supervisor's Job Title
Description of duties, accomplishments, etc.				
What did you like most about this job?				
What did you like least about this job?				

Do you have any objection to our contacting any employer listed?  Yes  No  
 Which one(s)? \_\_\_\_\_ Reason: \_\_\_\_\_

# Driver Experience And Qualifications

*Application Insert*

Name: \_\_\_\_\_ Date of Last D. O. T. Physical Exam: \_\_\_\_\_

Have you ever been disqualified for violations of the FMCSR?  Yes  No

*If yes, explain on a separate sheet of paper.*

Expiration Date: \_\_\_\_\_

State of Issuance: \_\_\_\_\_ What Class License do you have? \_\_\_\_\_

Endorsements:  Double/Triple Trailors  Hazardous Materials  Tanks  School Bus

If you're an Owner/Operator, list make & model of tractor(s): \_\_\_\_\_  
*(Should be late-model Equipment)*

List each of the states you have operated in during the past 5 years. \_\_\_\_\_

List all safe-driving awards and who presented them. \_\_\_\_\_

Driving Experience	Type of Equipment (Vans, Tanks, Flat, etc.)	Dates		Approximate Total Miles
		From	To	
Straight Truck				
Tractor & Semi Trailer				
Tractor & Twin Trailers				

List all accidents you have had (preventable or not), when it happened, and a brief description. \_\_\_\_\_

Are you capable of manually unloading/loading?  Yes  No

Can you operate a forklift?  Yes  No

*Applicant's Signature* \_\_\_\_\_ Date: \_\_\_\_\_

# DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with Milan Express Co., Inc. I understand that consumer reports which may contain public record information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my driving record, from federal, state and other agencies, which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to Milan Express obtaining the above information from DAC, and I agree that such information, which DAC has or obtains, and my employment history with Milan Express if I am hired, will be supplied by DAC to other companies, which subscribe to DAC services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Milan Express to procure consumer reports at any time during my employment (or contract) period.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# PAST EMPLOYMENT INQUIRY

(Fill in only the **bold** portions of this page.)

From: Milan Express Co., Inc. \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Title: \_\_\_\_\_

**Applicant** \_\_\_\_\_ **SS#** \_\_\_\_\_ has made application to this company for a position as a CDL Driver and states that he/she was employed by your company as a \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Are employment dates correct? \_\_\_ Yes \_\_\_ No If no, correct dates are: from: \_\_\_ to \_\_\_.

What kind of equipment did applicant operate? \_\_\_\_\_

What area did he/she operate in? \_\_\_\_\_

Please list all accidents while employed with you:

Date: \_\_\_\_\_ Type of accident: \_\_\_\_\_ Preventable: \_\_\_\_\_

Date: \_\_\_\_\_ Type of accident: \_\_\_\_\_ Preventable: \_\_\_\_\_

Was their license ever suspended or revoked? \_\_\_\_\_ Explain: \_\_\_\_\_

Is he/she eligible for rehire? \_\_\_ Yes \_\_\_ No \_\_\_ Upon Review Reason: \_\_\_\_\_

Reason for leaving your employ: \_\_\_\_\_

Comments: \_\_\_\_\_

Regulations of the Federal Highway Administration (FHWA) 48 CFR 382.413 require us to obtain from your company and require your company to provide us, information concerning past drug and alcohol test results (including refusals to be tested).

Yes \_\_\_ No \_\_\_ Any positive test results in the past 2 years?

Yes \_\_\_ No \_\_\_ Any alcohol test results of 0.04 or greater during the past 2 years?

Yes \_\_\_ No \_\_\_ Any alcohol test results of 0.02 but less than 0.04 during the past 2 years?

Yes \_\_\_ No \_\_\_ Any refusals to submit to a drug and/or alcohol test during the past 2 years?

If yes to any of the above questions, please give the SAP's name, address and phone number.

If you are responding from a mailed or faxed inquiry, please sign and date this report:

Past Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize past employers to answer all questions about my previous employment including drug and alcohol test results and forward to Milan Express. I release past employers from all liability or damages for releasing such information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reasons you are seeking employment with Milan Express Co., Inc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List advantages and/or strengths you may have over other applicants that may be seeking the same position. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant Certification

I certify the information contained in this application is correct and understand that falsification of this information is grounds for dismissal. I authorize a background and credit investigation if deemed necessary by the Company. If employed on a regular full-time basis, I understand I will be a probationary employee for 90 days, plus periods of absence or layoff, during which time either the company or myself may terminate the employment relationship without prior warning or notice. I further acknowledge that if I am employed by the company, my employment is subject to termination with or without cause, at any time during the 90-day probationary period, by either the Company or me. I understand that no representative of the Company other than the President has authority to enter into any agreement for employment for any specified period of time. I consent to both a pre-employment physical and a pre-employment drug-screening test at Company expense. If my employment should be terminated within 180 days, I agree to have the cost of both the physical and drug screening test deducted from my final paycheck. I authorize any of the persons, previous employers or educational institutions named in this application to release to this Company, to which I am applying for employment, any and all information they might have concerning me, including records of disciplinary action, reasons for termination of employment, and all alcohol and drug test results. In authorizing the release of my alcohol and drug test results, I consent and agree to waive any physician-patient privilege that may otherwise exist with respect to the confidentiality of my test results. I further release the Company and any officer, employee or agent of the Company or medical review officer whose disclosure of the results is in accordance with this release from any and all claims of causes of actions which may result from the disclosure of such test results to the person or persons identified on the Alcohol/Controlled Substance Information From Previous Employers Form. I release all such parties from all liability which may result from furnishing such information. A photocopy of this authorization shall be my authorization for release of information.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature**

Applications are kept on active file for 1 year.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Company Use Only			
Interviewed By _____	Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interviewed By _____	Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interviewed By _____	Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No