



**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: \_\_\_\_\_ Name \_\_\_\_\_ Phone: (\_\_\_\_)-\_\_\_\_\_

Who referred you to MILAN /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.*

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Endorsements:  Double/Triple Trailers  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 Supply Chain Solutions I understand that consumer reports which may contain public record information may be requested. 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 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 TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the provider, 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 provider has previously furnished within the three year period preceding my request. I hereby consent to Milan Supply Chain Solutions obtaining the above information from provider.

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 Supply Chain Solutions to procure consumer reports at any time during my employment (or contract) period.

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Print Name

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Social Security No.

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Applicant's Signature

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Date



Phone: 731-426-8337  
Fax: 731-426-8322

## PAST EMPLOYMENT INQUIRY

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

From: Milan Supply Chain Solutions \_\_\_\_\_  
\_\_\_\_\_ 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 3 years?

Yes \_\_\_ No \_\_\_ Any alcohol test results of 0.04 or greater during the past 3 years?

Yes \_\_\_ No \_\_\_ Any alcohol test results of 0.02 but less than 0.04 during the past 3 years?

Yes \_\_\_ No \_\_\_ Any refusals to submit to a drug and/or alcohol test during the past 3 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 Supply Chain Solutions. I release past employers from all liability or damages for releasing such information.

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

Reasons you are seeking employment with Milan Supply Chain Solutions

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

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### 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. I authorize the release of my image, to Milan Supply Chain Solutions. Such might include the display, distribution, publication, transmission, or otherwise the use of photographs, images, and/or video for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images including the websites.

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

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

In connection with your application for employment with Milan Supply Chain Solutions. ("Prospective Employer"), Prospective Employer, its 1. employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

**I authorize Milan Supply Chain Solutions. ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program 2. (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)