

MOUNTAIN STATES MOVING & STORAGE / QUICK TRANSPORTATION APPLICATION FOR EMPLOYMENT

Name: _____ Date: _____

First Middle Last

Address: _____

Street City State Zip Code

_____ Social Security Number

_____ Date of Birth

_____ Phone Number

WORK REFERENCE

Position Applying For _____

Date available for work _____ Salary or Pay you expect _____

List Job Benefits, other than wages you expect or want in order of importance: _____

Why did you apply for work here? _____

Describe your prior experience in the kind of work you want: _____

Describe any formal schooling or training for this work: _____

List any licenses or certificates you may have: _____

List any hobbies, special interests or sport in which you are involved in: _____

AVAILABILITY FOR WORK

Type of Work: Part Time _____ Full Time _____ Temporary or Short Term _____ Long Term _____

Days of the week you want to work: Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____ Holidays _____

Will you work daily overtime on occasion if necessary? _____

Do you plan to work elsewhere or attend school and work here too? _____

Will you work extra days in the week if necessary? _____

Do you have any on-going obligations such as school, another job or other personal commitments that might affect your work schedule here? _____

PRESENT EMPLOYMENT

Are you presently employed? _____ If not, how long since leaving last employment? _____

Do you have to give advanced notice to your present employer? _____

Do you authorize us to contact your present employer for a reference? _____

PERSONAL

Would you be willing to take a drug/alcohol screening exam before and after employment if requested? _____

Have you missed more than a day or two of work or school for any reason in the last five years? _____

Estimate the number of times you have been late for work or school in the last five years? _____

Have you ever been convicted of a felony? If yes, please explain fully on a separate sheet of paper. (A criminal record does not automatically bar employment): _____

This company will hire only U.S. Citizens and aliens lawfully authorized to work in the U.S. Do you qualify? _____

If employed can you provide proof of U.S. citizenship and identity, or if alien, proof of authorization to work in the United States and proof of identity? _____

Name of relatives employed by this company? _____

Who referred you? _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 / College: 1 2 3 4

Last school attended: Name: _____ Address: _____

Did you graduate? _____ Average Grade: _____ Date Left & Why? _____

WORK EXPERIENCE

Note: The United States Department of Transportation requires that applicants for driving positions must advise prospective employers of positions held as a commercial driver during the past 10 years.

Start with last or current position, including military experience, and work back. (Attach separate sheets of paper)

Current Employer: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason for leaving _____

Company: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason for leaving _____

Company: _____ Supervisor's Name: _____
Address: _____ Phone: () _____
Position Held: _____ From _____ To _____ Salary _____
Reason for leaving _____

DRIVER EXPERIENCE & QUALIFICATION

Driver Licenses	STATE	LICENSE #	TYPE	EXPIRATION DATE
Held in past 3	_____	_____	_____	_____
years must	_____	_____	_____	_____
be shown	_____	_____	_____	_____

- 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 ___
- C) Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES ___ NO ___

If you answered A, B or C "yes" attach a statement giving details

DRIVING EXPERIENCE	Type of Equipment	Date	Approx. No of Mile
Class of Equipment	(Van, Tank, Flat, etc.)	From – To	(Total)
Straight Truck	_____	_____	_____
Tractor & Semi-Trailer	_____	_____	_____
Tractor & Flatbed-Trailer	_____	_____	_____

Show special courses or training that will help you as a driver _____
Which safe driving awards do you hold and from whom _____

ACCIDENT REVIEW FOR PAST THREE YEARS (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-End, Upset, etc.)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

DATE _____ APPLICANT'S SIGNATURE _____