



2171 Hwy 98 East\* Columbia, MS 39429  
 Phone: (601) 731-1222 Fax: (601) 731-1299

## Employment Application

This company follows the Equal Employment Opportunity guidelines. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap. In addition, this company has a strict drug abuse policy and all applicants are subject to drug testing at any time prior to, or during, employment with this company.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

( ) Full Time    ( ) Part Time    ( ) Temp                      Date Available: \_\_\_\_\_

**General Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 years or older?: \_\_\_ Yes \_\_\_ No

**Employment History:**

**Directions:** Start with your present job or most recent job. Include military assignments and volunteer activities. Exclude organizational names that indicate race, religion, sex, or national origin.

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			

Reason for leaving:

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			
Reason for leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			
Reason for leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			
Reason for leaving:			

**Education:**

Type of School	Name and Address of school	Course of Study	Highest Grade or Level Completed	Diploma or Degree
Elementary:				
High School:				
Undergraduate:				
Graduate:				
Other (Specify)				

Please describe any special qualifications you feel you have for this job: (example: special license, certification or experience etc.)

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**Please provide three references who are NOT family members**

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Other:**

How did you learn about us? \_\_\_ Advertisement \_\_\_ Friend \_\_\_ Walk-In  
 \_\_\_ Employment Agency \_\_\_ Relative \_\_\_ Other: (please Explain) \_\_\_\_\_

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No

Dates of Employment: From \_\_\_\_\_ (year/month) To \_\_\_\_\_ (year/month)

If yes, what was your reason for leaving? \_\_\_\_\_

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Are you related to any employee of this company? \_\_\_ Yes \_\_\_ No

If yes, who? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

If yes, for what company and are you planning to return if hired here?  
\_\_\_\_\_

Are you a veteran of the U.S. Military Service? \_\_\_\_ Yes \_\_\_\_ No

Are you legally eligible for employment in the U.S.? \_\_\_\_ Yes \_\_\_\_ No

Do you have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. \_\_\_\_\_

Are you applying for a driving position? \_\_\_\_ Yes \_\_\_\_ No (If yes, please complete the professional driving section of this application)

\*\*\*\*A conviction is not an automatic bar from employment. Each case is considered individually. \*\*\*\*

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please explain including date of conviction, location, city, state and felony or misdemeanor)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever served time, been on probation or currently on a deferred sentence?

\_\_\_\_ Yes \_\_\_\_ No (If yes, please explain including date of conviction, location, city, state and felony or misdemeanor)  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Compete this section only if your are applying for a position that requires driving\*\*\***

Date of Birth \_\_\_\_\_ (month, day, year) The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)).

**Drivers Experience and Qualifications:(Drivers Licenses held in past 3 years must be shown)**

State	License No.	Class	Endorsement(s)	Expiration Date

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 you answered "yes" to A or B attach a statement giving details.

**Driving Experience: Check Yes or No**

Class of Equipment                      Circle Type of Equipment                      Dates                      Appox. No. of Miles (Total)

Straight truck        \_\_\_ Yes \_\_\_ No (Van, Tank, Flat, Dump, Refer)        From \_\_\_ To \_\_\_        Miles \_\_\_\_\_

Tractor & Semi-Trailer \_\_\_ Yes \_\_\_ No (Van, Tank, Flat, Dump, Refer)        From \_\_\_ To \_\_\_        Miles \_\_\_\_\_

Tractor-Two Trailers \_\_\_ Yes \_\_\_ No (Van, Tank, Flat, Dump, Refer)        From \_\_\_ To \_\_\_        Miles \_\_\_\_\_

Tractor-Three Trailers \_\_\_ Yes \_\_\_ No (Van, Tank, Flat, Dump, Refer)        From \_\_\_ To \_\_\_        Miles \_\_\_\_\_

Motorcoach-school bus \_\_\_ Yes \_\_\_ No (8or more passengers) \_\_\_\_\_

Motorcoach-school bus \_\_\_ Yes \_\_\_ No (8or more passengers) \_\_\_\_\_

Other: \_\_\_\_\_

List states operated in during the last five years: \_\_\_\_\_

Special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

**Accident Record for past 3 years**

Dates	Nature of Accident (Head on, rear end, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

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

If none write NONE

Location	Date	Charge	Penalty

I certify that all information given in this application is true and correct, and agree that any falsification, misrepresentation, or omission of a material fact may disqualify me from further consideration for employment, and may provide justification for discharge if discovered at a later date. I understand that the Company may make an investigation of my work and personal history, and I authorize all persons, schools, and companies, named in the application, and law enforcement agencies to supply any information concerning my background that may be required to make an employment decision and release them from liability for doing so. I acknowledge that employment with the company may be conditioned upon the satisfactory results of a company-paid drug test for illegal substances.

I understand that nothing in this application is intended to imply or create a contract of employment. I further understand that, if hired, my employment will be "at will," which means that either I or the Company may terminate the employment relationship at any time for any reason or no reason, with or without notice. I also understand that while personnel policies and procedures may change from time to time, such at-will status is not subject to change absent a written agreement signed by the President or Vice-President.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_