

FEID # 31-0895773 APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, handicap, or veteran status.

PERSONAL							
Last Name	First Name	ne Mido		Int. Today's		Pate	
Street Address		City		State	Zip		
()		()					
Home Phone	none Mobile / Alternate Phon			Social Security No.			
Position Desired		Pay Expected		Date Available?			
Are you legally el	igible for employment in the United	States? YES] NO 🗌				
Are you Available	e to Work Full Time?	YES [NO 🗌				
Will you work ove	Will you work overtime if asked? YES ☐ NO ☐						
Do you have any	special skills or training?						
EDUCATION							
			Years	_		Did You	
School	Name / Location of School	Course of Study	y Completed	Degree /	/ Diploma	Graduate?	
College						YES NO	
High School						YES NO	
Other						YES NO	
Membership in Pi	rofessional or Civic Organization (E	xclude those which may	disclose your race,	color, religior	n, or national	orgin):	
EMPLOYMENT (Account for periods between job	s on a separate sheet)					
	give accurate full-time and part-time	•	tart with present or	most recent e	employer, for	3 years	
		()					
Company Name		Telephone		Job Title / Description of Work			
Street Address		City		State	Zip		
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Dates of Employr	nent	Start Pay I	Last Rate		Reason fo	or Leaving	
· ·	t to the FMCSRs** while employed?		vaic		reasonn	J Leaving	
,	signated as a safety sensitive function		mode subject to the	e drug and ald	chool testing	requirements of	

	()					
Company Name	Telephone		Job Title / De	Job Title / Description of Work		
Street Address		City	State	Zip		
	Start	Last				
Dates of Employment	Start	Pay Rate		Reason for Leaving		
Were you subject to the FMCSRs** while employed? Was your job designated as a safety sensitive function	YES \ NO n in and DOT-re		ct to the drug and alch	-		
49 CFR part 40? YES NO						
	()					
Company Name	Telephone		Job Title / De	scription of Work		
Street Address		City	State	Zip		
	Start	Last				
Dates of Employment	Otart	Pay Rate		Reason for Leaving		
Were you subject to the FMCSRs** while employed?	YES NO			-		
Was your job designated as a safety sensitive function 49 CFR part 40? YES NO	in and DOT-re	egulated mode subje	ct to the drug and alch	ool testing requirements of		
	()					
Company Name	Telephone		Job Title / De	scription of Work		
		0.11	01.1	7'		
Street Address		City	State	Zip		
Street Address	Start	Last	State	Zip		
Dates of Employment		Last Pay Rate	State	Reason for Leaving		
	YES NO	Last Pay Rate		Reason for Leaving		
Dates of Employment Were you subject to the FMCSRs** while employed? Was your job designated as a safety sensitive function	YES NO	Last Pay Rate		Reason for Leaving		
Dates of Employment Were you subject to the FMCSRs** while employed? Was your job designated as a safety sensitive function 49 CFR part 40? YES NO	YES NO	Last Pay Rate	ct to the drug and alch	Reason for Leaving nool testing requirements of		
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	E & QUALIFIC	CATIONS							
Drivers Licen	ses								
State		License No		Туре		Expiration Date			
					·				
Driving Exper	rionco								
Driving Exper	lence	Type of Equipme	≥nt						
Class of Equipment		(Van, Tank, Flat, Etc.)		Dates			Expiration Date		
			,	_					
				From:	To:				
				From:	To:				
				From:	To:				
				From:	To:				
Accident Rec	ord for Past 3	Years or More (Attach Shee	t if More Spac	e is Needed)					
					No. of				
Date Type of Accident		of Accident / Incident	City/	State Injuries		No. Of Fatalities		Hazmat Spill?	
								YES NO	
								YES NO NO	
								YES NO	
Traffic Convid	ctions and Forf	feitures for Past 3 Years or N	Nore (Attach S	Sheet if More S	Space is Need	ed)			
Date Location		Location	(Charge		Penalty		
Have you eve	er heen denied	l a license, permit or privilege	e to onerate a	motor vehicle	? `	YES NO	1		
		vilege ever been susupender	•		•	YES NO	_		
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ii 163, picasc	capiairi belov	ν.							
This certifies	s that this and	olication was completed by	me, and tha	t all entries o	n it and intori	mation on it a	re true an	d complete to	
	ny knowledge		,,				,		
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		Signatura			D,	ato			
	Signature				Da	ate			