



**M.E.K. INC**  
 P.O. BOX 1451  
 Statesboro, GA 30459

## APPLICATION FOR EMPLOYMENT

HIRE DATE

APPLICANT'S NAME (First, Middle, Maiden Name if any, Last)		
ADDRESS (Street, City, State & Zip Code)		HOW LONG?
DATE OF BIRTH:	SOCIAL SECURITY NO.	Phone No
ADDRESS FOR PAST THREE YEARS:	ADDRESS (Street, City, State & Zip Code)	HOW LONG?
	ADDRESS (Street, City, State & Zip Code)	HOW LONG?

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

### TRAFFIC CONICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

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?      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_  
 IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

**EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)**

LAST EMPLOYER:

NAME		PHONE #	
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

SECOND LAST EMPLOYER:

NAME		PHONE #	
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

THIRD LAST EMPLOYER:

NAME		PHONE #	
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**EMPLOYMENT RECORD (Attach Sheet if More Space is Needed)**

**LAST EMPLOYER:**

NAME		PHONE #	
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

**SECOND LAST EMPLOYER:**

NAME		PHONE #	
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			

**THIRD LAST EMPLOYER:**

NAME		PHONE #	
ADDRESS			
POSITION HELD	FROM	TO	SALARY
REASON FOR LEAVING			



## REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: M+K, INC.

\_\_\_\_\_  
(Applicant's Name)

The individual named above has made application to this company for a position as: \_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we have enclosed a stamped self addressed envelope.

What kind(s) of work did the applicant do? \_\_\_\_\_

	YES	NO
Is the employment record with your company correct as stated above?	_____	_____
Is the applicant competent for the position sought?	_____	_____
Did the applicant drink alcoholic beverages while on duty?	_____	_____
Was the applicant's general conduct satisfactory?	_____	_____
Did the applicant drive motor vehicles for you?	_____	_____
Passenger Car: _____ Straight truck: _____ Tractor-Semitrailer: _____ Bus: _____ Other(specify): _____		
Was the applicant a safe and efficient driver?	_____	_____
Give the dates of vehicle accidents in which he/she was involved: _____		

Reason for leaving your employ:

Discharge \_\_\_\_\_ Laid off \_\_\_\_\_ Resigned \_\_\_\_\_

Please rate the Applicant:

	Excellent	Good	Fair	Poor	Very Poor
Quality of work					
Cooperation with others					
Safety habits					
Driving skill					
Attitude					

Remarks: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

(Detach here for your records)

\_\_\_\_\_  
(Name of Former Employer)

M+K, INC.  
(Name of Prospective Employer)