

# Mid-South Transportation, Mgmt, INC.

1370 Levee Rd.

Memphis, TN 38108

## APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability. A separate application must be submitted for each position for which you are applying. Applications are only accepted for posted positions. Unsigned, incomplete or illegible applications will not be considered.

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

Job for which you are applying:		
Last Name	First Name	Middle Name
Street address, (Apt#)		
City / State /Zip		
Number of years at present address		No. of years in this state
Home Phone No.		Message Phone #
Work Phone No.		
Social Security Number		
In case of emergency, notify:	Name	Phone #
Does MTM now employ any of your relatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Relatives Name
Have you ever worked for this MTM?		Job Title:
What department?		Type of work:
Reason for leaving:		Dates: / / to / /
If hired, when can you begin working?		
Type/Class		Endorsements
State/Driver's License No.		Expiration Date
If required by the job, can you work:	Nights: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekends/Holidays: Yes <input type="checkbox"/> No <input type="checkbox"/>
Split Shifts:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a United States citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, are you legally authorized to work in the U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>MILITARY RECORD</b>		
Previous Military Service:	Branch	Dates of Service / /

**EDUCATION**

Please indicate any educational, vocational, military, or any other training you have received which will assist us in assessing your qualifications for the position(s) that you are applying for.

High School (From/To)	Diploma (yes/no) G.E.D. (yes/no)		
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College/University	Dates (from/to)	Degree	Major
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Vocational/Technical School	Dates (from/to)	Degree	Major
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May we contact your present employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Employment: List present or most recent employment first. List all employment experience including military and volunteer service. Show employment history for the past ten years or from the time you left school (if employed less than ten years). You may attach supporting documents (resume, letters of reference, etc.). Please attach a resume, you may use (See Resume) in the job title and duties section. This information will be used in reference checks necessary for further consideration. Failure to answer all items in the following section may eliminate you from further consideration. If necessary, please attach a supplement page for listing additional employment history.**

**EMPLOYMENT HISTORY**

**LIST ALL POSITIONS HELD IN THE PAST TEN YEARS (Use additional page if needed)**

<i>Name of Company/Organization</i>	Dates (Start Date/Ending Date)
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Job Title	Address
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Starting Salary      Ending Salary	City / State / Zip
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Phone #	Supervisor Name	Supervisor's Telephone #
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Reason for Leaving
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Duties/Responsibilities
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<i>Name of Company/Organization</i>	Dates (Start Date/Ending Date)
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Job	Address
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Ending Salary	City / State / Zip
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Phone #	Supervisor
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Reason for Leaving
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Duties / Responsibilities
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<i>Name of Company/Organization</i>	Dates (from/to)
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Title	Address
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Ending Salary	City / State / Zip
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Phone #	Supervisor
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Reason for Leaving
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Duties / Responsibilities
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<i>Company Name</i>	Dates (from/to)
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Title	Address
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Ending Salary	City / State / Zip
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Phone #	Supervisor
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Reason for Leaving
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Duties / Responsibilities
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\*As an adult, have you ever been judged guilty, convicted, have or pled no contest to any criminal offense (other than traffic violations)?  
(Convictions are evaluated for each claim and are not necessarily disqualifying).

Yes  No  If yes, please explain:

**Applicants for positions requiring driving (and driver's license) complete the following:**

Have you ever completed a Defensive Driving course?  
Yes  No  If yes, explain why:

How long have you been driving since  
you obtained your first driver's license?

Are you 21 years of age or older?  
Yes  No

List all traffic violations, other than parking violations, received in the United States and Canada within the last five (5) years. **Begin with the most recent violation.**

Month/Year	Violation	City/State or Province	Was it on the job?	Was license suspended or revoked?	Were you fined?

**In consideration of my being evaluated and considered for employment, I hereby authorize MTM to verify the information provided on this application. I attest that to the best of my knowledge, that the information provided on this application is true and correct. I realize that any misrepresentation or omission of required facts is cause for rejection of my application(s) or possible termination of my employment at MTM.**

**I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to provide MTM all information relative to my employment, work habits, and hereby release such individuals, organizations, and MTM from any liability for any claim or damage, which may result. This employment application is designed to be informational only and is not an employment contract. Employment with MTM is at will and may be terminated at any time by the employee or the Company for any reason.**

<b>SIGNATURE OF APPLICANT (FULL NAME)</b>	<b>DATE SIGNED</b>

**Note:** The pre-employment process entails application submission including proper **CDL license class A or B with a "P"** endorsement and a relevant assessment. Qualified applicants for operator position will be placed on a register for one (1) year. All application submitted would be held on file for 90 days, after 90 days applications will be discarded.

**Additional Page for Employment "Please attach Resume"**

<i>Name of Company/Organization</i>		Dates (Start Date/Ending Date)
Job Title	Address	
Starting Salary	Ending Salary	City / State / Zip
Phone #	Supervisor Name	Supervisor's Telephone #
Reason for Leaving		
Duties/Responsibilities		

<i>Name of Company/Organization</i>		Dates (Start Date/Ending Date)
Job	Address	
Ending Salary	City / State / Zip	
Phone #	Supervisor	
Reason for Leaving		
Duties / Responsibilities		

<i>Name of Company/Organization</i>		Dates (from/to)
Title	Address	
Ending Salary	City / State / Zip	
Phone #	Supervisor	
Reason for Leaving		
Duties / Responsibilities		

<i>Name of Company/Organization</i>		Dates (from/to)
Title	Address	
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