



Application for Employment

Company: Mobile Bay Transportation
Address: 8341 Airport Boulevard
Mobile, Alabama 36608

Answer All Questions, Please Print

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, martial status, or non-job related disability.

Date of Application _____

Position Applied For: _____

Name _____
Last First Middle

Address _____
Street City

State Zip Code Phone

Address } _____ How Long _____
For Past } Street City State Zip Code
3 Years }

Street City State Zip Code How Long _____

Do you have the legal right to work in the United States? _____

Can you provide proof of age? _____

Have you worked for this company before? _____ Where _____

Dates: From _____ to _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Give any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description). _____

Please explain if you wish _____

EMPLOYMENT HISTORY

All driver applications to drive interstate commerce must provide the following information on all employers during the last three years.

Applicants to drive a commercial motor vehicle in intrastate commerce shall also provide an additional seven years information on those employers for whom the applicants operated such vehicles

NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.

Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary / Wages			
Contact Person			Phone		Reason for leaving	
Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary / Wages			
Contact Person			Phone		Reason for leaving	
Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary / Wages			
Contact Person			Phone		Reason for leaving	
Employer			Date			
Name			From		To	
			Mo.	Yr.	Mo.	Yr.
Address			Position Held			
City	State	Zip	Salary / Wages			
Contact Person			Phone		Reason for leaving	

Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers of any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

ATTACH SHEET IF MORE SPACE IS NEEDED

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____

NAME

CITY

EXPERIENCE AND QUALIFICATION – DRIVER

DRIVER'S LICENSE	STATE	LICENSE NUMBER	TYPE	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 the answer to either A or B is yes. Attach a statement giving details.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
Straight Truck				
Tractor & Semi Trailer				
Tractor – Two Trailer				
Other				

LIST STATES OPERATED IN FOR THE LAST 5 YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD & FROM WHOM? _____

EXPERIENCE AND QUALIFICATION – OTHER

SHOW ANY TRUCKING TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH OTHER THAN THOSE ALREADY SHOWN. _____

TO BE READ AND SIGNED BY APPLICANT

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

I authorize you to make such investigations and inquiries of my personal employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the company.

_____ **Date** _____ **Applicant's Signature**

PROCESS RECORD

Applicant Hired _____ Rejected _____
Date Employed _____ Point Employed _____
Department _____ Classification _____

If rejected summary report of reasons should be placed in file.

This Section To Be Filled In By Responsible Officer or Company Representative

	Superior	Good	Fair	Below Average	Poor	Written Record On File
Application						
Interview						
Past Employment						
Written Exam						
Road test						
Criminal / Traffic Convictions						

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Department Released From _____

Dismissed _____ Voluntary Out _____ Other _____

Termination Report Placed on file _____ Supervisor _____