Meridian Trucking LLC Employment Application Form

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

	DATE

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long	Social Security No. _____ – _____ – _____
Telephone (___) _____	Email address: _____

If under 18, please list age

Position applied for (1) and salary desired (2) (Be specific)	Days/hours available to work No Pref Thur Mon Fri Tue Sat Wed Sun

How many hours can you work weekly? Can you work nights?

Employment desired ❑FULL-TIME ONLY ❑PART-TIME ONLY ❑FULL- OR PART-TIME

When available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				

Certifications:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ❑ No ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE? ❑ Yes ❑ No Driver's license number _____

State of issue _____ ❑ Operator ❑ Commercial (CDL) Expiration date _____

What is your means of transportation to work? _____

Have you had any moving violations during the past three years? ❑ Yes ❑ No If yes, how many? _____

Have you had any accidents during the past three years? ❑ Yes ❑ No If yes, how many? _____

Please list two references (1 personal and 1 previous employer):

Name:		Name:	
Years known:	Relationship:	Years known:	Relationship:
Telephone:		Telephone:	

MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? ❑ Yes ❑ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ❑ Yes ❑ No

Specialty Date Entered Discharge Date

Please complete and sign back of form.

Work Experience #1 (most recent)	Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**		
Name of employer Job Title Address Phone number	Supervisor Name	Employment dates	Pay or Salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Work Experience #2			
Name of employer Job Title Address Phone number	Supervisor Name	Employment dates	Pay or Salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Work Experience #3			
Name of employer Job Title Address Phone number	Supervisor Name	Employment dates	Pay or Salary
		From To	Start Final
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ❑ Yes ❑ No

Did you complete this application yourself ❑ Yes ❑ No

If not, who did?

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Meridian Trucking LLC (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Meridian Trucking, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Meridian Trucking may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

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.

Signature of applicant_____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our company.