



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER
 A DRUG-FREE WORKPLACE

Personal Information

NAME (LAST, FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT#	CITY	STATE	ZIP
PREVIOUS ADDRESS	APT#	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES _____ NO _____		PHONE ()		
ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES _____ NO _____				

Employment

POSITION	START DATE
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES _____ NO _____ WHICH BRANCH? _____ WHEN? _____ IF YES, REASON FOR LEAVING _____	
NAME OF LAST M & J SUPPLY SUPERVISOR	
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK-IN <input type="checkbox"/> CURRENT EMPLOYEE (NAME) _____ <input type="checkbox"/> OTHER	
DO YOU HAVE ANY RELATIVES OR FRIENDS WHO WORK FOR THE COMPANY? YES _____ NO _____ If yes, who and where do they work? _____	

Education

PLEASE CIRCLE LAST GRADE COMPLETED	COLLEGE
1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4
OTHER TRAINING:	
DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? YES _____ NO _____	

Former Employers

List below last three employers, starting with the most recent employer first.

NAME OF PRESENT OR LAST EMPLOYER		DATES OF EMPLOYMENT (FROM - TO)	
STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

NAME OF EMPLOYER		DATES OF EMPLOYMENT (FROM - TO)	
STREET ADDRESS	CITY	STATE	ZIP
NAME OF SUPERVISOR	TITLE	PHONE	MAY WE CONTACT?
DESCRIPTION OF WORK PERFORMED			
STARTING SALARY (PER HOUR, WEEK OR YEAR)		ENDING SALARY (PER HOUR, WEEK OR YEAR)	
REASON FOR LEAVING			

References

Below give the names of three persons you are not related to, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED

Special Questions

WHAT FOREIGN LANGUAGES DO YOU SPEAK?	
CAN YOU ALSO READ AND WRITE THESE LANGUAGES?	_____
	YES ___ NO ___
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE AGAINST THE LAW? A CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOUR APPLICATION.	
	YES ___ NO ___
IF YES, EXPLAIN	

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize M & J Supply to verify their accuracy and to obtain reference information on my work performance. I hereby release M & J Supply from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Notification and Release

I consent to preparation of background reports by a consumer reporting agency such as HireRight and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of

obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

DRUG FREE PROGRAM

I understand the M & J Supply has a policy against the use, possession or distribution of illegal drugs by its employment applicants and employees. I further understand that the company has adopted a drug testing program as a method implementing that policy. I can request M & J's *Drug Free Workplace Program* in writing at any time during employment. All requests should be directed to the Human Resource Department.

CONSENT FOR DRUG TESTING

I hereby consent to the taking of urine samples by the company or its agents, for the purposes of the above drug testing program and to the testing of such samples by any such drug testing laboratory designated by the company. I hereby further consent to the release of information from the laboratory to the Human Resource Department of the company and to the use of all such reports or other information in the company's assessment of my employment application and/or employment status. I also understand that I have a legal right under the "Confidentiality of Medical Information Act" to receive a copy of this consent form.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

Applicant Last Name _____ First _____ Middle _____

Signature _____ Date ____ / ____ / ____