



MILLER TRANSPORTATION

APPLICATION FOR EMPLOYMENT

(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, marital status, or non-job related disability.

Date of application _____.

Position Applied for: _____ Social Security No. _____.

Name: (Last) _____ (First) _____ (Middle) _____.

List your addresses of residency for the past 3 years.

Current Address (Street) _____ (City) _____.

(State) _____ (Zip) _____ Phone: ____ / ____ / ____.

Previous _____ How Long? _____.

Addresses _____ How Long? _____.

_____ How Long? _____.

Do you have the legal right to work in the United States? _____ Date of Birth ____ / ____ / ____.

(Birth date required for Commercial Drivers.) Can you provide proof of age? _____.

Have you worked for this company before? _____ Dates: From ____ / ____ / ____ To ____ / ____ / ____.

Reason for leaving? _____.

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

Who referred you? _____ Rate of pay expected? _____.

Is there 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)? _____.

If yes, please explain _____.

_____.

_____.

_____.

EMPLOYMENT HISTORY (continued)

All driver applicants to drive in interstate commerce* must provide the following information on all employers during the preceding **10 years** regardless of type of employment. List complete mailing address, street number, city, state, and zip code. All other applicants must provide a minimum of 3 years past job history.

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

| EMPLOYER | | | DATE | |
|----------------|--------------------|-----|--------------------|--|
| NAME | FROM MO. YR. | | TO MO. YR. | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE # | | | | |

WERE YOU SUBJECT TO THE FMCRs^^ WHILE EMPLOYED? YES ___ NO ___

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___

| EMPLOYER | | | DATE | |
|----------------|--------------------|-----|--------------------|--|
| NAME | FROM MO. YR. | | TO MO. YR. | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE # | | | | |

WERE YOU SUBJECT TO THE FMCRs^^ WHILE EMPLOYED? YES ___ NO ___

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___

| EMPLOYER | | | DATE | |
|----------------|--------------------|-----|--------------------|--|
| NAME | FROM MO. YR. | | TO MO. YR. | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE # | | | | |

WERE YOU SUBJECT TO THE FMCRs^^ WHILE EMPLOYED? YES ___ NO ___

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___

| EMPLOYER | | | DATE | |
|----------------|--------------------|-----|--------------------|--|
| NAME | FROM MO. YR. | | TO MO. YR. | |
| ADDRESS | | | POSITION HELD | |
| CITY | STATE | ZIP | SALARY/WAGE | |
| CONTACT PERSON | | | REASON FOR LEAVING | |
| PHONE # | | | | |

WERE YOU SUBJECT TO THE FMCRs^^ WHILE EMPLOYED? YES ___ NO ___

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES ___ NO ___

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

^^ The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: 1) weights or has a GVWR of 10,001 pounds or more, 2) is designed or used to transport more than 8 passengers (including the driver), or 3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

| DATES | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | 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 QUALIFICATIONS – DRIVER

| DRIVER LICENSES | STATE | LICENSE NO. | 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 STATEMENT GIVING DETAILS

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 _____ | | | | |

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

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

EXPERIENCE AND QUALIFICATIONS -- OTHER

SHOW ANY TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP 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 entries 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, inquires 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

| | | | | | | |
|------------------------------|--|--|--|--|--|--|
| 1. APPLICATION | | | | | | |
| 2. INTERVIEW | | | | | | |
| 3. PAST EMPLOYMENT | | | | | | |
| 4. WRITTEN EXAM | | | | | | |
| 5. ROAD TEST | | | | | | |
| 6. POLICE AND TRAFFIC RECORD | | | | | | |

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

FROM: _____ TO: _____ FROM: _____ TO: _____

DATE: _____ DATE: _____

REASON FOR TRANSFER _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____