

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date		Social Security Number		
Name				
	Last	First	Middle	
Present Address				
	Street	City	State	Zip
Permanent Address				
	Street	City	State	Zip
Phone No.				
Referred By		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last

First

Middle

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

Date

Signature **X**

"It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date

Signature

In Case of
Emergency Notify

Name

Address

Phone No.

DO NOT WRITE BELOW THIS LINE—OFFICE USE ONLY

Interviewed By

Date

REMARKS:

INS Form I-9 completed? Yes No

Hired

For Dept.

Position

Will Report

Salary
Wages

Approved: 1.

2.

3.

Employment Manager

Dept. Head

General Manager

INQUIRY TO PAST EMPLOYERS or COMPANIES

TO: _____

Attn: _____

FROM:

MITCHELL BROS. TRUCK LINE, Inc.
600 600 S. E. Maritime Avenue Bldg #3, Ste 300
Vancouver, WA 98661
Telephone (360) 693-7477 or (800) 228-4702
Fax (360) 750-7597

Telephone: () _____ - _____
Fax: () _____ - _____

Dear Sir/Madam:

_____ has made application to

(Name of Applicant)

(Applicant's Social Security Number)

MITCHELL BROS. for a position as a _____ and states that s/he was employed by (or leased to you) as a(n) _____ from ____/____/____ to ____/____/____.

Will you kindly reply to the inquiry below respecting this applicant? Please notice at the bottom of this form the applicant has waived any claim of liability against your company for information submitted in response to this inquiry. We politely request your cooperation in completing and returning this questionnaire as soon as possible. A Self-addressed, stamped envelope is enclosed for your convenience. Best regards, _____.

1. Are the dates the applicant was employed or contracted to your company correct as stated above? Yes No

If no, what are correct dates? From: ____/____/____ To: ____/____/____

2. What kind of work did s/he do? _____

3. To your knowledge, was applicant's drivers' license ever suspended or revoked? ____ If yes, please explain: _____.

4. To your knowledge, is applicant physically fit to perform office work? Yes No

If no, please explain: _____.

5. Was applicant's attitude with customers and co-workers satisfactory? _____.

6. Did applicant report for work "on time?" _____.

7. Was applicants accounts/paperwork kept properly? _____.

8. How would you describe the quality of the applicant's work? Excellent Good Average Unsatisfactory

9. What was reason for applicant leaving your company? Discharged Laid Off Resigned/Quit Other: _____.

10. Would you rehire this person? Yes No If no, please explain: _____.

11. Who did applicant work for before s/he came to you for employment? _____.

12. Does you company have a controlled substance and/or alcohol testing policy? Yes No If yes, did applicant ever test positive for controlled substance or alcohol? Yes No

Any other comments you would like to add? _____

By: _____ /____/____
(Signature of Person Supplying Information) (Title) (Date)

----- (Detach Here for Your Files) -----

(Name of Former Employer or Company)

You are hereby authorized to give MITCHELL BROS. all information regarding my past employment records and services, including all information on my Alcohol and Controlled Substances Testing and assessments of my job performance, ability, and fitness: and you are released from any and all liability which may result from furnishing such information: _____ /____/____

(Applicant's Signature)

(Date)