

PLEASE BRING TO OUR OFFICE OR EMAIL TO BLANCAV@MPTRANSPORT.BIZ



DATE: \_\_\_\_\_

# M&P Transport Company, Inc.

3635 S 43<sup>rd</sup> Ave Phoenix, AZ 85009

## EMPLOYMENT APPLICATION

DATE \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever worked for M&P Transport Company, Inc.? Yes \_\_\_ No \_\_\_

▪ If hired, can you provide proof that you are legally able to work in the United States? Yes \_\_\_ No \_\_\_

▪ How were you referred to us?

Advertisement \_\_\_\_\_ Referral- Name: \_\_\_\_\_

Employment Agency \_\_\_\_\_ Walk-In \_\_\_\_\_ Other \_\_\_\_\_

▪ Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*

Yes \_\_\_ No \_\_\_

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

\_\_\_\_\_  
\_\_\_\_\_

▪ List any relatives or friends employed by M&P Transport, Inc.

\_\_\_\_\_  
\_\_\_\_\_

### Employment

Position Desired: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

What days and hours are you available for work? - Check all that apply ✓

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday \_\_\_

**Please check YES or NO on each of the following questions.**

- Are you available to work overtime if necessary?  
Yes\_\_\_ No\_\_\_
- Are you over 18 years of age?  
Yes\_\_\_ No\_\_\_
- When are you available to begin work? Date: \_\_\_\_\_
- Are you able to perform the essential functions of the job for which you are applying? Yes\_\_\_ No\_\_\_

**Skills**

What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

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List all your skill in the field or additional qualifications that you feel are important:

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Education	School Name Location	Course of Study	Did you Graduate?	Number of Years completed	Degree / Major an or Certification
High School					
College / Trade /Tech					
University					
Honors Received					

**Military Service**

Have you obtained any special skills or abilities as the result of services in the military?

Yes\_\_\_ No\_\_\_

If yes, please describe:

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**Employment History**

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

**Positions Held:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is this your current employer? Yes \_\_\_ No \_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Specific Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Positions Held:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is this your current employer? Yes \_\_\_ No \_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Specific Job Duties \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Positions Held:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is this your current employer? Yes \_\_\_ No \_\_\_ May we contact this employer? Yes \_\_\_ No \_\_\_

Specific Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Section for Driver Applicant**

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Commercial or Chauffer: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Code: \_\_\_\_\_

**Driving Experience**

Class of Equipment	Type of Equipment Van, Truck, Flat, Pneumatic, ect.	Date		Approximate Number of Miles
		From	To	

**Accident Record for the past 3 years or more**

Dates	Nature of Accidents Head on, Rear end, Upset, ect.	Fatalities	Injuries
Last accident :			
Next :			
Next:			

**Traffic Convictions for the past 3 years**

Location	Date	Charge	Penalty

## Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

Name of Reference #1: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Reference #2: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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## APPLICANT'S STATEMENT

*(Initial each numbered item as read)*

1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by M&P Transport Company, Inc. or its agents.
2. \_\_\_\_\_ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of M&P Transport Company, Inc. for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release M&P Transport Company, Inc. my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. \_\_\_\_\_ I understand that M&P Transport Company, Inc. is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if M&P Transport Company, Inc. has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. \_\_\_\_\_ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or M&P Transport Company, Inc. There will be no agreement, express or implied between M&P Transport Company, Inc. and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of M&P Transport Company, Inc. I understand that my employment is contingent upon successful completion of the pre-employment process.
6. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

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**Print Name**

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**Applicant Signature**

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**Date**

*It is the policy of M&P Transport Company, Inc. to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, M&P Transport Company, Inc. will provide reasonable accommodations for qualified individuals with disabilities.*

M&P Transport Company, Inc.