

APPLICATION FOR EMPLOYMENT



Applicant Name (Print) _____ Date _____

Phone (Home) _____ (Cell) _____

In compliance with Federal and State Equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, natural origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

To be read and signed by Applicant

I authorize Midway 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, inquiries 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 may result in discharge. I understand, also, that I am required to abide by all Midway's rules and regulations.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR MIDWAY OFFICE USE ONLY

Applicant Hired _____ Rejected _____

Date Employed _____ Classification _____

Dismissed _____ Quit _____ Other _____

Termination Report placed in file _____ Supervisor _____

APPLICATION FOR EMPLOYMENT



Applicant to complete (answer all questions- please print)

Position(s) Applied for _____

Name (Last, First, MI) _____ SS# _____

List addresses of residency for the past 3 years.

Current address (Street) _____ (City) _____

(State) _____ (Zip Code) _____ How Long? (yr./mo.) _____

Previous Addresses

(Street) _____ (City) _____ (State) _____ How long? _____

(Street) _____ (City) _____ (State) _____ How long? _____

(Street) _____ (City) _____ (State) _____ How long? _____

(Street) _____ (City) _____ (State) _____ How long? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ Can you provide proof of age? _____

Have you worked for Midway before? _____ Dates: From _____ To _____

Are you currently employed? _____ If not, last date you worked? _____

Reason for leaving? _____

Who referred you to Midway? _____ Rate of pay expected _____

Have you ever been convicted of a felony? _____

If yes, please explain fully (on separate sheet if needed). Conviction of a crime is not an automatic bar to employment; all circumstances will be reviewed and considered.

APPLICATION FOR EMPLOYMENT



EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

Please start with most recent employer first!!

Employer _____

Address

Street _____ City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Position Held _____ Salary/Wage _____

DATE: (From) mo. _____ yr. _____ (To) mo. _____ yr. _____

Reason for Leaving _____

Were you subject to the FMCSRs** while employed? Yes No

Were you subject to drug and alcohol testing per requirements of 49 CFR part 40? Yes No

Employer _____

Address

Street _____ City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Position Held _____ Salary/Wage _____

DATE: (From) mo. _____ yr. _____ (To) mo. _____ yr. _____

Reason for Leaving _____

Were you subject to the FMCSRs** while employed? Yes No

Were you subject to drug and alcohol testing per requirements of 49 CFR part 40? Yes No

106 Ledge Rd

Seabrook, NH 03874

Tel: 603-474-7200

APPLICATION FOR EMPLOYMENT



Employer _____

Address _____

Street _____ City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Position Held _____ Salary/Wage _____

DATE: (From) *mo.* _____ *yr.* _____ (To) *mo.* _____ *yr.* _____

Reason for Leaving _____

Were you subject to the FMCSRs** while employed? Yes No

Were you subject to drug and alcohol testing per requirements of 49 CFR part 40? Yes No

Employer _____

Address _____

Street _____ City _____ State _____ Zip _____

Contact Person _____ Phone Number _____

Position Held _____ Salary/Wage _____

DATE: (From) *mo.* _____ *yr.* _____ (To) *mo.* _____ *yr.* _____

Reason for Leaving _____

Were you subject to the FMCSRs** while employed? Yes No

Were you subject to drug and alcohol testing per requirements of 49 CFR part 40? Yes No

*Includes vehicles having a GVRW of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the 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) weighs 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 material in a quantity requiring placarding.

106 Ledge Rd

Seabrook, NH 03874

Tel: 603-474-7200

APPLICATION FOR EMPLOYMENT



Accident Record for the past 3 years

Accidents	Date	Nature of Accident (Head-On, Rear-End)	Fatalities	Injuries	Hazardous Material Spill
Last accident					
Next Previous					
Next Previous					
Next Previous					

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none.

Location	Date	Charge	Penalty

Experience and Qualifications

Licenses or Permits held in the past 3 years.	State	License #	Class/Type	Endorsements	Exp. Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit or privilege ever been suspended or revoked? YES NO

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS _____

Driving/Operating Experience

Type of Equipment	Approximate Dates	
	From	To

List states operated in for the last five years: _____

106 Ledge Rd

Seabrook, NH 03874

Tel: 603-474-7200

APPLICATION FOR EMPLOYMENT



Experience and Qualifications – Other

List any safety related trainings you have received: _____

List any trucking or transportation trainings: _____

List any special equipment or technical materials you can work with: _____

Highest level of schooling completed _____ (Date) _____

School Attended (NAME) _____ (City, State) _____

Personal References (Name, Phone, Relationship) _____

Please list any other pertinent information that may help us make a decision about your tentative employment.

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: _____ **Date:** _____

106 Ledge Rd

Seabrook, NH 03874

Tel: 603-474-7200