



# MIDLAND MARKETING

## EMPLOYMENT APPLICATION

Midland Marketing is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap, or arrest record. This application will remain effective for a period of thirty (30) days or until the position is filled.

**Notice: Substance and Alcohol Testing is required of all CDL Applicants.**

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

#### CURRENT ADDRESS:

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

#### ADDRESSES FOR THE PAST 3 YEARS:

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Social Security No. : \_\_\_\_\_

Are you authorized to work in the U.S.? YES NO Are you 18 years old or older? YES NO

#### POSITION DESIRED

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

State the name of any relatives, other than spouse,  
employed by this company: \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Have you previously worked for this company? YES NO If so, from \_\_\_\_\_ to \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Former supervisor: \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other education or training: \_\_\_\_\_

Other special skills: \_\_\_\_\_

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_ Date of Conviction(s): \_\_\_\_\_

**A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.**

## REFERENCES

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## EMPLOYMENT HISTORY

Please provide information on past employers during the proceeding ten (10) years, beginning with the most recent. Attach sheet if more space is needed.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*Street* *City* *Zip code*

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this Employer? YES NO

Were you subject to Federal Motor Carrier Safety Administration Regulations while employed with this employer? YES NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List type of Commercial Motor Vehicle(s) or Equipment operated for this employer (i.e. Tractor Trailer, Forklift, Applicator, Bobtail, Straight Truck, etc.): \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*Street* *City* *Zip code*

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this Employer? YES NO

Were you subject to Federal Motor Carrier Safety Administration Regulations while employed with this employer? YES NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List type of Commercial Motor Vehicle(s) or Equipment operated for this employer (i.e. Tractor Trailer, Forklift, Applicator, Bobtail, Straight Truck, etc.): \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*Street City Zip code*

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Did you operate a Commercial Motor Vehicle for this Employer? YES NO

Were you subject to Federal Motor Carrier Safety Administration Regulations while employed with this employer? YES NO

Were you subject to alcohol and controlled substance testing requirements under 49 CFR part 40? YES NO

List type of Commercial Motor Vehicle(s) or Equipment operated for this employer (i.e. Tractor Trailer, Forklift, Applicator, Bobtail, Straight Truck, etc.): \_\_\_\_\_

### DRIVING EXPERIENCE AND QUALIFICATIONS

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List Traffic Convictions and Forfeitures for the past three (3) years (other than Parking Violations). **If you have not had any convictions in the past three (3) years than write, "NONE" in the space provided.**

Date	Location	Charge	Penalty
Date	Location	Charge	Penalty

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

**Notice: If the answer to either of the previous questions is "Yes", attach a statement giving details.**

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE  
attach sheet if more space is needed.

Last Accident: \_\_\_\_\_  
*Date Nature of Accident Fatalities Injury Non-Injury*  
*(Head-on, Rear-end, Upset, etc.)*

Next Previous: \_\_\_\_\_  
*Date Nature of Accident Fatalities Injury Non-Injury*  
*(Head-on, Rear-end, Upset, etc.)*

Next Previous: \_\_\_\_\_  
*Date Nature of Accident Fatalities Injury Non-Injury*  
*(Head-on, Rear-end, Upset, etc.)*

**TO BE READ AND SIGNED BY APPLICANT**

I hereby certify that the foregoing statements are true and correct. I authorize Midland Marketing Coop, Inc. to make investigation of my personal or employment history and authorize and present/former employer, person, firm, corporation, credit agency, or government agency to give Midland Marketing Coop, Inc. any information they may have regarding me, and I understand that any misrepresentation or omission shall be cause for dismissal. In consideration of the prospective employer review of this application, I release Midland Marketing Coop, Inc. and all providers of information from any liability as a result of furnishing and receiving this information.

I further agree that, if employed, I will conform my conduct to Midland Marketing Coop, Inc.'s rules, regulations, and personnel policies. I understand that no personnel recruiter, interviewer or other representative, other than an officer of Midland Marketing Coop, Inc. has authority to enter into any agreement for employment for any specified period of time and that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. I further understand that nothing contained this application of the granting of an interview creates a contract for either employment or providing any benefit, and that **I have the right to terminate employment at any time and that Midland Marketing Coop, Inc. has the same right.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*