



Date of Application: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

### Application for Employment

MCW Trucking, Inc. is an equal opportunity employer. Qualified applicants are considered for all positions without regard for race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or handicap.

**PERSONAL (Please print clearly.)**

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\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone Number Email Address

Are you available to work: Full Time:\_\_\_\_\_ Part time:\_\_\_\_\_ Temporary:\_\_\_\_\_

Are you on lay-off and subject to recall? Yes:\_\_\_\_\_ No:\_\_\_\_\_

Do you have a valid driver's license? Yes:\_\_\_\_\_ No:\_\_\_\_\_ Will you work overtime if required? Yes:\_\_\_\_\_ No:\_\_\_\_\_

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**Please answer the following questions:**

- Names of friends and or relatives previously employed by MCW Trucking, Inc.:
- Are you capable of satisfactorily performing, with or without reasonable accommodation, the requirements of the job for which you have applied? Yes\_\_\_\_\_ No\_\_\_\_\_

**References-** Please give the name, address and phone number of three references not related to you:

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- 
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**Education:** Please list where you went to school and what degree was earned.

	<u>Name</u>	<u>Location</u>	<u>Course/Majors</u>	<u>Last year Completed</u>
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**High School:**

**Vocational Education:**

**College:**

Answer the questions in this section only if applying for driver position.

Date of Birth \_\_\_\_\_ the U.S. Department of Transportation requires that driver applicants state their date of birth. (Section 391.21 (b)(2))

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**EMPLOYMENT EXPERIENCE (List each job held. Start with your present or last job.)**

1. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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

2. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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

3. Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Date From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Work Performed: \_\_\_\_\_

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

**Summarize any special skills, particular strengths or qualifications you may have acquired from employment or other experiences:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF APPLICANT:**

By signing this application, I hereby acknowledge, state and certify the following:

1. That my above responses, to the best of my knowledge, are true and complete..
2. That I authorize Maine Custom Woodlands, without limitation to investigate any and all of the information covered by this application or otherwise discussed during the hiring process.
3. That with respect to any investigation into the information I have supplied to Maine Custom Woodlands, I release and hold harmless Maine Custom Woodlands as well as any company person or third part, who supplies information about to Maine Custom Woodlands.-
4. That any offer of employment made to me by Maine Custom Woodlands is strictly on an at-will bases and is not a guarantee of employment for a definite period of time. If I become employed by Maine Custom Woodlands I realize my employment with the company is by mutual choice, which either the Company or myself may discontinue at any time for whatever reason(s) either the Company or myself deem to be sensible and prudent. I also realize that I will be required to abide by all rules and policies of the Company.
5. That I have been completely honest and forth right in all communications (application, interview, etc.) pertaining to my candidacy for employment at Maine Custom Woodlands and that the withholding of requested information or the submission of false or misleading information on my part shall be grounds for rejecting my candidacy or otherwise discontinuing my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date