



# APPLICATION FOR EMPLOYMENT



PERSONAL	LAST NAME		FIRST	MIDDLE	DATE
	STREET ADDRESS				HOME PHONE
	CITY, STATE, ZIP			SOCIAL SECURITY NUMBER	BUSINESS PHONE
	HAVE YOU APPLIED FOR EMPLOYMENT WITH US BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF "YES", MONTH AND YEAR	LOCATION
	ARE YOU 18 YEARS OLD OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION DESIRED		DATE YOU CAN START	PAY DESIRED
	ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	REASON FOR LEAVING CURRENT EMPLOY				

EDUCATION	SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
	HIGH SCHOOL				
	COLLEGE				
	TRADE, SPECIAL TRAINING SKILLS				

*BELOW, GIVE THE NAMES OF 3 PERSONS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.*

REFERENCES	#	NAME	ADDRESS	BUSINESS	PHONE #
	1				
	2				
	3				

*APPLICANTS MUST HAVE A VALID DRIVER'S LICENSE AND A RELIABLE SOURCE OF TRANSPORTATION.*

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>
IF "YES", EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.)

*PLEASE COMPLETE REVERSE SIDE ...*

## EMPLOYMENT HISTORY

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF SUPERVISIOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF SUPERVISIOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME OF SUPERVISIOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				



Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

### AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an authorized company representative.

I authorize Mt. Vernon Barge Service, MVBS Jeffersonville, or any of the Transmodal Performance Group of companies to investigate any facts, or obtain reports regarding this application with the credit bureau or other agencies.

\_\_\_\_\_  
Date

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