

**MILE HI FROZEN FOODS / MILE HI SPECIALTY FOODS  
T.M.T. TRUCKING COMPANY<sup>1</sup>  
4770 EAST 51<sup>ST</sup> AVENUE<sup>1</sup>  
DENVER, CO 80216**

**PRE-EMPLOYMENT APPLICATION (Driver)**

**PERSONAL INFORMATION**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
LAST FIRST MI

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO PHONE # \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
STREET CITY STATE ZIP

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO If YES, reason \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES NO WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

NAME OF LAST SUPERVISOR AT THIS COMPANY \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY? \_\_\_\_\_

EMPLOYMENT AGENCY \_\_\_\_\_ NEWSPAPER AD \_\_\_\_\_ FRIEND \_\_\_\_\_ WALKED IN \_\_\_\_\_

STATE EMPLOYMENT OFFICE \_\_\_\_\_ COLLEGE PLACEMENT SERVICE \_\_\_\_\_ OTHER \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL STUDIED	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

<sup>1</sup>Mile Hi and T.M.T. Trucking Co. are equal employment opportunity employers and will consider any applicant equally without regard to race, sex, age, color, religion, national origin, veteran status or disability as provided by the Americans With Disabilities Act.

**DRIVER BACKGROUND & QUALIFICATION**

Date of Birth: \_\_\_\_\_ The U. S. Department of Transportation requires that the driver applicants state their  
 (month / day / year) date of birth. (§391.21 (b)(2))

**PHYSICAL HISTORY**

The U. S. Department of Transportation requires that all driver applicants pass certain physical tests before they are hired to drive a motor carrier. FMCSR §391 Subpart E and must submit to testing for alcohol and drugs.

Date of last Department of Transportation prescribed physical examination: \_\_\_\_\_

Have you ever been granted a waiver under section 391.49 of the Federal Motor Carrier Safety Regulations pertaining to the loss of foot, leg, hand or arm? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**.

**DRIVER EXPERIENCE**

**LICENSES**

Driver licenses held in past three years must be shown,	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES  NO  If yes, please explain:

\_\_\_\_\_

B. Has any license, permit or privilege ever been suspended or revoked?  YES  NO  If yes, please explain:

\_\_\_\_\_

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? YES  NO  Please attach a statement giving details if necessary.

**DRIVING EXPERIENCE**

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From	To	Approximate Total Miles
Straight Truck				
Tractor & Semi-Trailer				
Twin Trailers				
Other				

Please list states you have operated in during the last five years: \_\_\_\_\_

Please list special courses or training that will help you as a driver: \_\_\_\_\_

Please list safe driving awards held and by whom awards were presented: \_\_\_\_\_

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**ACCIDENT REVIEW FOR THE PAST THREE YEARS (Attach a separate sheet of paper if more space is needed.)**

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			
Next Previous			

**SPECIAL SKILLS**

**WAREHOUSE EQUIPMENT:**

FORK LIFT OPERATION (Type and years of experience): \_\_\_\_\_

PALLET JACKS (Type and years of experience): \_\_\_\_\_

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

NAME	PHONE NUMBER	ADDRESS	BUSINESS OR OCCUPATION	YEARS KNOWN
1				
2				
3				

MAY WE CONTACT ANY OF THE ABOVE REFERENCES?    YES    NO    If NO, please explain why: \_\_\_\_\_

**MILITARY SERVICE RECORD**

BRANCH OF SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

DUTIES: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

**SPECIAL QUESTIONS**

1) ARE YOU ABLE TO PERFORM EACH OF THE JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION DESCRIBED IN THE ATTACHED JOB DESCRIPTION?    YES    NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION? \_\_\_\_\_

2) HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 7 YEARS? (A conviction is not an automatic bar to employment) YES NO  
DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

3) HAVE YOU BEEN KNOWN BY ANY OTHER NAMES? YES NO  
DESCRIBE: \_\_\_\_\_

4) DO YOU HAVE ANY RELATIVES WORKING AT MILE HI? YES NO LIST THEIR NAMES AND THEIR POSITIONS MILE HI \_\_\_\_\_

**CAPABILITY / RELIABILITY**

1) WOULD YOU BE WILLING AND ABLE TO REPORT TO WORK ON A REGULAR AND CONSISTENT BASIS?  
YES NO IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

2) WILL YOU ABIDE BY ALL OF THE MILE HI SAFETY POLICIES? YES NO

3) HAVE YOU EVER BEEN DEICPLINED FOR VIOLATING COMPANY RULES OR SAFETY POLICIES?  
YES NO IF NO, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

4) HOW MANY DAYS OF WORK OR SCHOOL HAVE YOU MISSED IN THE LAST 2 YEARS OTHER THAN APPROVED VACATION? \_\_\_\_\_

**AUTHORIZATION**

**APPLICANT MUST READ AND SIGN**

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS WITHER IN THIS APPLICATION OR IN MY INTERVIEW ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. **I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION.** I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO TENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I agree and understand that the COMPANY or its agents may investigate the applicant's background, all statements made in this application and/or in the interview to ascertain any and all information of concern to applicant's record, whether same is of record or not, and I release the COMPANY and its agents from all liability for any damages on account if his furnishing such information. I understand that, as an applicant for a position with the COMPANY, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job and the essential job functions. I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I agree and understand that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living. I understand that I may obtain a copy of this report by requesting it in writing from the COMPANY.

I agree and understand that the taking of a drug and/or alcohol test when given pursuant to the COMPANY policy or Federal or State Law is a condition of continued employment and the refusal to take such test when asked will be grounds for immediate termination. If hired, I agree to abide by all the rules and policies of the employer.

**IF HIRED, MY EMPLOYMENT IS "AT WILL".**

APPLICANT'S NAME \_\_\_\_\_ PLEASE PRINT LEDGABLY \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_