

APPLICATION FOR EMPLOYMENT



Mid Atlantic Maintenance, Inc.
Equal Opportunity Employer

Personal Information

Name: _____			
(First)	(Middle)	(Maiden)	(Last)
Address: _____			
(City)	(State)	(Zip)	
Previous Address if less than 3 Yrs.: _____			
Date of Birth: _____		Social Security No. _____	
Phone # _____		E-Mail Address: _____	
Position Applied For: _____			

Driver's License Information

State	License Number	Type	Endorsements	Expiration Date

Accident record for the past 3 years

Dates of Accident & type of vehicle	Nature of Accident (Head on, Rear in, etc.)	Location of Accident	No. of Fatalities	No. of Injuries

Traffic Convictions and Forfeitures for the past 3 years

State of Violation	Date	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 _____

Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

Employment Record

Last Employer Name: _____

Address: _____ Telephone No. _____

Position: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____ Telephone No. _____

Position: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Employer Name: _____

Address: _____ Telephone No. _____

Position: _____ From: _____ To: _____ Salary: _____

Reason for Leaving: _____

Special Skills and Qualifications

Summarize any special skills or qualifications acquired from employment or other experience.

References

Name	Street Address	City/State	Occupation	Telephone No.

Please read and sign below

As a condition of my employment, I agree to the following: 1. I declare the information given by me in this application for employment is an accurate statement of the facts. 2. I understand that any misrepresentation of facts shall be cause for dismissal. 3. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature: _____ **Date:** _____

EQUAL EMPLOYMENT OPPORTUNITY FORM

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with Mid Atlantic Maintenance, Inc.

Racial or Ethnic Group

- American Indian
- Asian/Pacific Islander
- Black/African American
- Hispanic/Latino
- White/Caucasian
- Other

Gender

- Female
- Male

Military Service

- Pre-Vietnam Era
- Vietnam Era
- Post-Vietnam Era
- Disabled Veteran

How did you hear about this position?

- Newspaper
- Job Fair
- Company Employee
- Placement Office
- Website
- Other