



Trucking and Reclamation, Inc.

102 East Lusher Street...Salisbury, MO 65281

Phone: 660-388-6083 ... Fax: 660-388-5663

APPLICATION FOR EMPLOYMENT

NAME: _____ Position: _____

ADDRESS _____ HOW LONG? _____

CITY, STATE & ZIP _____

PHONE _____ CELL _____ MESSAGE# _____

DATE OF BIRTH _____ SOC SEC# _____

How did you hear of the position available? _____

PREVIOUS ADDRESS: (LAST THREE YEARS)

ADDRESS _____	HOW LONG? _____
CITY, STATE & ZIP _____	
ADDRESS _____	HOW LONG? _____
CITY, STATE & ZIP _____	

EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE#	TYPE	EXPIRATION DATE
DRIVER				
LICENSES				

DRIVING EXPERIENCE

EQUIPMENT CLASS	TYPE OF EQUIP (VAN,TANK,FLAT,ETC)	APPROX.# MILES	DATES FROM & TO
STRAIGHT TRUCK			
TRACTOR & SEMI-TRAILER			
TRACTOR-TWO TRAILERS			
OTHER			

SHOP OR MECHANIC EXPERIENCE: _____

ANY OTHER EXPERIENCE: _____

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 5 YEARS

DATES	CHARGE	PENALTY	LOCATION

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes _____ No _____
- B. Has any license, permit or privilege ever been suspended or revoked?
 Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS BELOW

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____
 IF YES, GIVE DETAILS BELOW

EMPLOYMENT RECORD: Use separate sheet if necessary
 Must show all employment for last 10 years.

CURRENT OR

LAST EMPLOYER: _____	PHONE: _____
ADDRESS: _____	CONTACT: _____
CITY, STATE, ZIP _____	
POSITION: _____	FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING _____	

Are you currently or in the last 30 days enrolled in a Random Drug Testing Program through your current or previous employer? Yes _____ No _____

Have you ever tested positive, or refused to test, on any drug or alcohol test? Yes _____ No _____

LAST EMPLOYER: _____	PHONE: _____
ADDRESS: _____	CONTACT: _____
CITY, STATE, ZIP _____	
POSITION: _____	FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING _____	

2 nd EMPLOYER: _____	PHONE: _____
ADDRESS: _____	CONTACT: _____
CITY, STATE, ZIP _____	
POSITION: _____	FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING _____	

3 rd EMPLOYER: _____	PHONE: _____
ADDRESS: _____	CONTACT: _____
CITY, STATE, ZIP _____	
POSITION: _____	FROM: _____ TO: _____ SALARY: _____
REASON FOR LEAVING _____	

4th EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CONTACT: _____
 CITY, STATE, ZIP _____
 POSITION: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING _____

PREVIOUS EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CONTACT: _____
 CITY, STATE, ZIP _____
 POSITION: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING _____

PREVIOUS EMPLOYER: _____ PHONE: _____
 ADDRESS: _____ CONTACT: _____
 CITY, STATE, ZIP _____
 POSITION: _____ FROM: _____ TO: _____ SALARY: _____
 REASON FOR LEAVING _____

PERSONAL REFERENCES:

NAME: _____ PHONE: _____
 ADDRESS: _____ RELATIONSHIP: _____
 CITY, STATE & ZIP _____

NAME: _____ PHONE: _____
 ADDRESS: _____ RELATIONSHIP: _____
 CITY, STATE & ZIP _____

NAME: _____ PHONE: _____
 ADDRESS: _____ RELATIONSHIP: _____
 CITY, STATE & ZIP _____

TO BE READ AND SIGNED BY APPLICANT

I hereby authorize the release of information from the references and employers listed above, concerning records of employment including job performance, ability and fitness.

I hereby release my previous employers from any liability as a result of providing employment records to M&M Trucking.

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

DATE: _____ SIGNATURE: _____

PLEASE SUBMIT COPY OF DRIVING RECORD WITH APPLICATION

Complete, sign and date first three (3) pages. Please read and sign all remaining pages.

Company Policy

This company is dedicated to providing safe and efficient service to our customers. Our employees are our most valuable resource in ensuring the quality of this service. The goal of this company is, therefore, to provide our employees with a workplace environment, which promotes health and safety.

In order to meet this goal, we hereby endorse the Federal Highway Administration's anti drug policy and regulations. This company will not tolerate unauthorized use, abuse, possession or sale of controlled substances by its employees. Drug testing will be an integral part of our program. We will provide training, education and other assistance to our employees to help them understand their responsibilities in achieving a drug-free environment.

Non-compliance with this policy or violation of the regulations may result in severe disciplinary action including suspension or dismissal.

Consequences:

An employee will be deemed "unqualified" to work or drive is:

1. The employee refuses to be tested for alcohol or drugs or
2. The result of the testing is positive for any of the following:
 - Alcohol,
 - Marijuana,
 - Cocaine,
 - Opiates such as morphine and codeine,
 - PCP- phencyclidine
 - Amphetamine,
 - Methamphetamine
 - Heroin
 - Ecstasy

I understand that as required by the Federal Motor Carrier Safety Regulations, all Drivers must be tested for controlled substances.

I consent to collection and testing for alcohol and controlled substances.

I understand that a positive test result will render me unqualified to operate a commercial motor vehicle.

Please note: If you leave our employment or are terminated within 30 days of testing, the testing fee will be deducted from your payroll.

Date: _____ Signature _____



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INQUIRY TO PREVIOUS EMPLOYERS

Personnel Manager:

The person named below has applied for employment. Your firm is listed as a previous employer. Will you kindly reply to this inquiry respecting this applicant. As you will note from the waiver stated below, the applicant has waived any claim of liability against the company (and its agents) for information submitted in response to this inquiry. Thank you.

Applicant name: Social Security #:

Job applied for:

Dates of employment stated are from to: Is this correct? Yes No

If no, please explain

What kind of work did applicant do? Driver Shop Office

Other (Specify)

If employed as a driver, please indicate type of equipment driven. Tractor-trailer Straight Truck

Doubles Other(Specify)

Accident History: If this applicant has no accident history mark here and go to next question

Total number of Accidents in the past three years. Please complete below, attach sheet if needed.

Table with 5 columns: Date, DOT Acc., Ticketed, At Fault, Details. Each cell contains Yes/No options.

To your knowledge, was the applicant's license suspended while in your employ?

If so, please explain

Did the applicant handle company funds and were they accounted for properly?

Are there any physical or mental limitations that could impair the applicant's performance on the job?

If yes, please explain

Did the applicant pose either repeated or severe disciplinary problems?

If so, please explain

Why did applicant leave your employ? Resigned Discharged Laid Off

Would you re-employ? Yes No Please explain

Additional Comments:

Completed by: Date:

(Signature of person supplying information)

(Former Employer) (Date)

I hereby authorize this company to release all information concerning records of employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) that may request such information in connection with my application for employment with said company. I hereby release this company from any and all liability of any type as a result of providing this information.

(Applicant's Signature)

(Witness's Signature)



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PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

(Print Name) _____
First M.I. Last Social Security Number

hereby authorize that:

Previous Employer _____
Street Telephone: _____
City, State, Zip Fax No: _____

may release and forward information requested below concerning my Alcohol and Controlled Substances Testing records to M&M Trucking & Reclamation, Inc. sent to the Attention of Leslie Howser. In compliance with section 40.25(g), release of this information must be made in a written form that ensures confidentiality, such as fax, e-mail or letter.

Please forward to M&M Trucking & Reclamation, Inc.'s confidential fax number: 660-388-5663.

Applicant's Signature Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here _____, sign below and return.

Under Department of Transportation testing requirements:

1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? Yes/No
2. Has this person had a verified positive drug test? Yes/No
3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? Yes/No
4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? Yes/No
5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) Yes/No

In answering these questions, include any drug or alcohol testing information obtained from previous employers under section 40.25 or other applicable DOT agency regulations.

Name: _____ Telephone: _____

Company: _____

Address: _____

Information Supplied By _____
Signature Date

TO BE COMPLETED BY M&M Trucking & Reclamation, Inc.

This form was _____ Faxed to previous employer _____ Mailed. Date: _____

Information received from _____

Recorded by: _____ Method: ___ Fax ___ Mail ___ Other

Date: _____ Internal Use _____