

APPLICATION FOR EMPLOYMENT

Company Name C&C Transportation LLC

Phone: 662-902-4394

Street Address 112 16th Section Road

City, State, Zip Code Shelby, Mississippi 38774

Applicant's Signature _____

Date _____

Name _____

First

Middle

Last

Phone: _____

*Current Address _____

Street

City

State

Zip Code

*If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Street

City

State

Zip Code

Street

City

State

Zip Code

Position applying for _____

Temporary _____

Part Time _____

Full Time _____

Who referred you? _____

Rate of pay expected? _____

Have you worked for this company before? _____ Dates:

From _____

To _____

month/year

month/year

Where? _____

Rate of pay _____

Position _____

Reason for leaving _____

Names of any relatives employed by this company _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION Circle Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended _____

Name

Address

GENERAL Have you ever been bonded? _____

Name of bonding company _____

(Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Have you ever worked for this company under another name? _____ If so, under what name? _____

DRIVER EXPERIENCE & QUALIFICATION

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 (S391.21(b)(2))

Social Security No. _____

DRIVER EXPERIENCE & QUALIFICATION (cont'd) Answer the questions in this section only if applying for driver position.

Drivers	State	License No.	Class	Endorsement(s)	Expiration Date
Licenses held					
in past 3					
years must					
be shown					

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 _____

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations:

Yes _____ No _____

If you answered "yes" to A, B, C attach a statement giving details.

DRIVING EXPERIENCE

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

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

Dates	Nature of Accident (Head-On, Rear-End, Overturn, Etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

EMPLOYMENT RECORD

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. S391.21(B)(10), (11)

Start with last or current position, including military experience and work back. (Attach a separate sheet of paper if necessary)

Current Employer: _____

Supervisors Name: _____

Address: _____

Phone: _____

Position Held: _____

From _____ To _____ Salary _____
month/ye month/year

Reason for Leaving: _____

Company: _____

Supervisors Name: _____

Address: _____

Phone: _____

Position Held: _____

From _____ To _____ Salary _____
month/Year month/year

Reason for leaving: _____

Company: _____

Supervisors Name: _____

Address: _____

Phone: _____

Position Held: _____

From _____ To _____ Salary _____
month/year month/year

Telecopier			Cashier		
Photocopier			Dispatcher		
Rates (indicate tariffs with which you have worked.)					

PLATFORM EXPERIENCE & QUALIFICATIONS

List types of platform experience and number of years of each _____

List platform equipment you can operate (lift truck, etc.) _____

List courses or training in platform work _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer report,, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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

_____ Date

_____ Applicant's signature

FOR OFFICE USE - DO NOT WRITE IN THIS SPACE -- PROCESS RECORD

Applicant hired? _____ Yes _____ No

Date Employed _____

Department _____

Classification _____

(If not hired, summary report of reasons should be placed in file)

IN CASE OF EMERGENCY NOTIFY _____

Address _____

Phone: _____

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	Superior	Good	Fair	Below Average	Poor	Written Record on file
1. Application						
2. Interview						
3. Physical Exam*						
4. Past Employment						
5. Road Test						
6. Policy and Traffic Record						
*driver applicants only						

Signature of Interviewing Officer _____

TRANSFERS

From _____ To: _____

From: _____ To: _____

Date: _____

Date: _____

Reason for Transfer _____

Reason for Transfer _____

TERMINATION OF EMPLOYMENT

Date Terminated: _____

Department Released From: _____

Dismissed _____

Voluntarily Quit _____

Other _____

Termination Report Placed in File _____

Supervisor _____

USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____

Company: _____ Supervisor's Name: _____

Address: _____ Phone: () _____

Position Held: _____ From _____ To _____ Salary _____
month/year month/year

Reason for leaving _____