



Equal Opportunity Employer

Southeast Missouri Transportation Service, Inc.

700 E. Highway 72 - P.O. Box 679

Fredericktown, MO 63645

Phone: (573)783-5505 - Fax: (573)783-7011

E-mail: contactus@ridesmts.org

APPLICATION FOR EMPLOYMENT

Applicant: Read and sign before submitting this application:

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation.

Signature of Applicant: _____ Date: _____

Name (First Middle Maiden Last)	Phone	Social Security Number

Address History	Street	City	State/Zip	How Long?
Present Address				
Previous Address				
Previous Address (for past three years)				

Position Applied for: _____ Temporary or Permanent _____

Have you worked for SMTS, Inc. before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for Leaving _____

Names of relatives in our employ _____

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

Who referred you? _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in job description)?

If yes, explain if you wish:

Experience and Qualifications - Driver

Driver Licenses	State	License Number	Type	Expiration Date
held in past				
three 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 either A, B, or C, attach a statement giving details.

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	From Date	To Date	Approx. No. of Miles (Total)
Straight Truck				
Tractor and Semi-trailer				
Tractor - Two trailers				
Other				

List States operated in for last five years

Show special courses or training that will help you as a driver

Which safe driving awards do you hold and from whom?

Employment Record - Driver

Note: D.O.T. requires that employment for at least 10 years be shown.

Last Employer: Name	Phone #
Address	From
Position Held	To
Reason for Leaving	Salary

Second Last Employer: Name	Phone #
Address	From
Position Held	To
Reason for Leaving	Salary

Experience and Qualifications - Driver

(continued)

Third Last Employer: Name	Phone #
Address	From
Position Held	To
Reason for Leaving	Salary

***If additional space is needed to show employment for past 10 year period, please attach sheet.*

Education

Check highest grade completed: 8 9 10 11 12 College 1 2 3 4

Last school attended: Name	City
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General

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been refused bond? _____ If yes, why? _____

Have you ever been convicted of a felony? _____

Have you ever been known by any name other than the one on this application? _____

Accident record for past 3 years or more

	Dates	Nature of accident (Head-on, rear-end, upset, 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

To be read and signed by applicant

It is agreed and understood that any misrepresentation of information given above shall be considered an act of dishonesty and may result in termination.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file.

It is agreed and understood that this application for employment in no way obligates the employer to employ the applicant.

It is agreed and understood that if hired, the employee may be on a probationary period during which time he may be discharged without recourse.

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 _____

Here down for office use only

Process Record

	Part Time	Full Time
Applicant Hired _____	Rejected _____	_____
Date Employed _____	Point employed _____	_____
Department _____	Classification _____	_____
	Rate of Pay _____	_____

This section to be filled in by responsible officer or company representative

	Superior	Good	Fair	Below Avg	Poor	Written record on file
1. Application						
2. Interview						
3. Physical Exam						
4. Past Employment						
5. Written Exam						
6. Road Test						
7. Police and Traffic Record						

Signature of interviewing officer _____