

APPLICATION FOR EMPLOYMENT

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

Section (1)

General

Name (First Middle Maiden Last)	Phone	Social Security Number

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

Position Applied for: _____ Temporary or Permanent _____

Have you ever worked for SMTS Inc.? _____ Dates: From _____ To _____ Position _____

Reason for Leaving _____

Names of relatives that work for SMTS Inc. _____

Are you employed now? _____ If not, how long since you left your last employer? _____

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 are applying for?

Have you ever been bonded? _____ If so, name of bonding company _____

Have you ever been refused a 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? _____

Education

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

Last School attended	City	State

Section (2)

If you are applying for a driving position, complete section 2. If you are not applying for a drivers position move on to section 3.

Driver Experience & Qualifications

Driver Licenses	State	License Number	Type/Class	Expiration Date
(held in the past three year must be shown)				

Check one

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
- Has your license, permit or privilege to drive ever been revoked or suspended? Yes _____ No _____
- Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes _____ No _____

If you answered yes to any of these questions please attached statement giving details.

Driving experience:

What type of vehicles have you operated in the past.

Show any special courses or training completed.

Which safe driving awards to you hold and from who?

Accident for the past 3 years:

Date of accident	Type of accident (Head-on, Rear-end, upset, etc.)	Fatalities	Injuries

Traffic conviction or forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

Section (3)

Employment History

Show employment for the last 10 years

Last Employer

Name of Company		Phone number	
Street	City	State	Zip Code
Position Held	From	To	
Reason for Leaving	Salary		

Second to last Employer

Name of Company		Phone number	
Street	City	State	Zip Code
Position Held	From	To	
Reason for Leaving	Salary		

Third to last Employer

Name of Company		Phone number	
Street	City	State	Zip Code
Position Held	From	To	
Reason for Leaving	Salary		

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 and its agents may investigate the applicants 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 its furnishing such information.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete their 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 they may be discharged without recourse.

The signature below 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.

Signature

Date

FROM HERE DOWN FOR OFFICE USE ONLY

Process Record

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

This section to be completed by responsible officer or company representative.

	Superior	Good	Fair	Below Avg.	Poor	Written record on file
Application						
Interview						
Physical Exam						
Past Employment						
Written Exam						
Road Test						
Police & Traffic Record						

Signature of interviewing officer _____