

QUALITY **MANUFACTURING GROUP**

2171 Hwy 98 East* Columbia, MS 39429
 Phone: (601) 731-1222 Fax: (601) 731-1299

Employment Application

This company follows the Equal Employment Opportunity guidelines. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap. In addition, this company has a strict drug abuse policy and all applicants are subject to drug testing at any time prior to, or during, employment with this company.

Position Applied for: _____ Date: _____

() Full Time () Part Time () Temp Date Available: _____

General Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ E-mail: _____

Social Security Number: _____ Are you 18 years or older?: ___ Yes ___ No

Employment History:

Directions: Start with your present job or most recent job. Include military assignments and volunteer activities. Exclude organizational names that indicate race, religion, sex, or national origin.

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			

Reason for leaving:

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			
Reason for leaving:			

Employer:	Dates Employed		Work Performed
	From:	To:	
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	From:	To:	
Address:	Start Rate	End Rate	
Job Title:	Phone #		
Supervisor:			
Reason for leaving:			

Education:

Type of School	Name and Address of school	Course of Study	Highest Grade or Level Completed	Diploma or Degree
Elementary:				
High School:				
Undergraduate:				
Graduate:				
Other (Specify)				

Please describe any special qualifications you feel you have for this job: (example: special license, certification or experience etc.)

Please provide three references who are NOT family members

1. Name _____
 Address _____
 Phone: _____ Other Phone: _____

2. Name _____
 Address _____
 Phone: _____ Other Phone: _____

3. Name _____
 Address _____
 Phone: _____ Other Phone: _____

Other:

How did you learn about us? ___ Advertisement ___ Friend ___ Walk-In
 ___ Employment Agency ___ Relative ___ Other: (please Explain) _____

Have you ever been employed with us before? ___ Yes ___ No

Dates of Employment: From _____ (year/month) To _____ (year/month)

If yes, what was your reason for leaving? _____

Are you related to any employee of this company? ___ Yes ___ No

If yes, who? _____

Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No

If yes, for what company and are you planning to return if hired here?

Are you a veteran of the U.S. Military Service? ____ Yes ____ No

Are you legally eligible for employment in the U.S.? ____ Yes ____ No

Do you have a valid driver's license? ____ Yes ____ No

Driver's License Number: _____ State: _____ Exp. _____

Are you applying for a driving position? ____ Yes ____ No (If yes, please complete the professional driving section of this application)

****A conviction is not an automatic bar from employment. Each case is considered individually. ****

Have you ever been convicted of a misdemeanor or felony? ____ Yes ____ No

(If yes, please explain including date of conviction, location, city, state and felony or misdemeanor)

Have you ever served time, been on probation or currently on a deferred sentence?

____ Yes ____ No (If yes, please explain including date of conviction, location, city, state and felony or misdemeanor)

Compete this section only if your are applying for a position that requires driving

Date of Birth _____ (month, day, year) The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)).

Drivers Experience and Qualifications:(Drivers Licenses held in past 3 years must be shown)

State	License No.	Class	Endorsement(s)	Expiration Date

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 you answered "yes" to A or B attach a statement giving details.

Driving Experience: Check Yes or No

Class of Equipment Circle Type of Equipment Dates Appox. No. of Miles (Total)

Straight truck ___ Yes ___ No (Van, Tank, Flat, Dump, Refer) From ___ To ___ Miles _____

Tractor & Semi-Trailer ___ Yes ___ No (Van, Tank, Flat, Dump, Refer) From ___ To ___ Miles _____

Tractor-Two Trailers ___ Yes ___ No (Van, Tank, Flat, Dump, Refer) From ___ To ___ Miles _____

Tractor-Three Trailers ___ Yes ___ No (Van, Tank, Flat, Dump, Refer) From ___ To ___ Miles _____

Motorcoach-school bus ___ Yes ___ No (8or more passengers) _____

Motorcoach-school bus ___ Yes ___ No (8or more passengers) _____

Other: _____

List states operated in during the last five years: _____

Special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Accident Record for past 3 years

Dates	Nature of Accident (Head on, rear end, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

If none write NONE

Location	Date	Charge	Penalty

I certify that all information given in this application is true and correct, and agree that any falsification, misrepresentation, or omission of a material fact may disqualify me from further consideration for employment, and may provide justification for discharge if discovered at a later date. I understand that the Company may make an investigation of my work and personal history, and I authorize all persons, schools, and companies, named in the application, and law enforcement agencies to supply any information concerning my background that may be required to make an employment decision and release them from liability for doing so. I acknowledge that employment with the company may be conditioned upon the satisfactory results of a company-paid drug test for illegal substances.

I understand that nothing in this application is intended to imply or create a contract of employment. I further understand that, if hired, my employment will be "at will," which means that either I or the Company may terminate the employment relationship at any time for any reason or no reason, with or without notice. I also understand that while personnel policies and procedures may change from time to time, such at-will status is not subject to change absent a written agreement signed by the President or Vice-President.

Applicant Signature: _____ Date: _____

Company Representative: _____ Date: _____