



Application for Employment

Miller Transportation, Inc. ("Miller") is an equal opportunity employer and maintains a policy of nondiscrimination with employees and applicants for employment. Its policies, procedures, personnel programs are administered to insure that neither employees or applicants are subjected to discrimination on the basis of race, color, religion, sex, age, national origin, pregnancy, physical or mental disability, gender identity, sexual orientation, status as a veteran, status as a smoker, familial status or genetic information (GINA). Persons being considered for employment with Miller will be evaluated based on their experience /academic credentials and ability to meet the essential requirements of the job.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone (_____) _____ Social Security # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ☐ Yes ☐ No

Are you 18 years of older? ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
☐ Yes ☐ No

If **YES**, please describe conditions. _____

EMPLOYMENT DESIRED

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? ☐ Yes ☐ No

If **YES**, when? _____

Have you ever been employed by this company? ☐ Yes ☐ No

If **YES**, when? _____

Name of last Supervisor? _____

Are you presently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you available for full-time work? ☐ Yes ☐ No

Are you available for part-time work? ☐ Yes ☐ No

Do you have a CDL? ☐ Yes Class _____ Endorsement(s) _____ ☐ No

If **YES**, state issued, license number, exp. date: _____

Date you can start _____

Desired starting salary \$ _____ per _____

Please list applicable skills _____

EDUCATION

School Name and Location	Did you Graduate?	Field of Study	Diploma/ Degree
Grammar School _____	_____	_____	_____
High School _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Technical School _____	_____	_____	_____
Other Training _____	_____	_____	_____

Are there are other skills, qualifications, or experience that we should consider? _____

EMPLOYMENT HISTORY**(List last 3 employers starting with most recent)**

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? ☐ Yes ☐ No

Responsibilities _____

Reason for leaving _____

MILITARY SERVICE RECORD

Branch of Service _____ Discharge Date _____

Discharge Rank _____ Special Training _____

REFERENCES

List three personal references, not related to you, who have known you for more than 1 year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

PLEASE READ BEFORE SIGNING:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that Miller and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with Miller, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to Miller that verifies my right to work in the United States on the first day of employment (form I-9). I have or will receive from Miller a list of the approved documents that are required.

I understand that employment at Miller is “**AT WILL**,” which means that either I or Miller can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____