

# APPLICATION FOR EMPLOYMENT

Mega Solutions of MA, LLC  
19 Industrial Way  
Seekonk, MA 02771

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR NON-JOB RELATED DISABILITY.

(PLEASE PRINT)

DATE OF APPLICATION \_\_\_\_\_

POSITION(S) APPLIED FOR \_\_\_\_\_

NAME \_\_\_\_\_ SS NO \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STREET  
PHONE( ) CELL/PAGER( )  
STATE ZIP

CONTACT IN CASE OF AN EMERGENCY: NAME \_\_\_\_\_ PHONE NUMBER( ) \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE & ZIP CODE  
STREET CITY STATE & ZIP CODE HOW LONG? \_\_\_\_\_

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (FOR IDENTIFYING PURPOSES IN ORDER TO OBTAIN ACCURATE RECORDS)

HAVE YOU WORKED FOR THIS COMPANY BEFORE? \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO: \_\_\_\_\_

RATE OF PAY: \_\_\_\_\_ POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

ARE YOU NOW EMPLOYED? \_\_\_\_\_ IF NOT, HOW LONG SINCE LEAVING LAST EMPLOYMENT? \_\_\_\_\_

HOW WERE YOU REFERRED? \_\_\_\_\_ 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 THE ATTACHED JOB DESCRIPTION) \_\_\_\_\_

IF YES, EXPLAIN IF YOU WISH \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST 10 YEARS? \_\_\_\_\_

IF YES, DATE OF CONVICTION \_\_\_\_\_

REASON FOR CONVICTION \_\_\_\_\_

### EMPLOYMENT HISTORY

10 years required for all commercial drivers

5 years for all other applicants

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 10 years information. This includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

| EMPLOYER |       |     | DATES              |    |    |    |
|----------|-------|-----|--------------------|----|----|----|
| NAME     |       |     | MO                 | YR | MO | YR |
| ADDRESS  |       |     | POSITION           |    |    |    |
| CITY     | STATE | ZIP | SALARY/WAGE        |    |    |    |
| CONTACT  |       |     | PHONE              |    |    |    |
|          |       |     | REASON FOR LEAVING |    |    |    |

| EMPLOYER |       |     | DATES              |    |    |    |
|----------|-------|-----|--------------------|----|----|----|
| NAME     |       |     | MO                 | YR | MO | YR |
| ADDRESS  |       |     | POSITION           |    |    |    |
| CITY     | STATE | ZIP | SALARY/WAGE        |    |    |    |
| CONTACT  |       |     | PHONE              |    |    |    |
|          |       |     | REASON FOR LEAVING |    |    |    |

| EMPLOYER |       |     | DATES              |    |    |    |
|----------|-------|-----|--------------------|----|----|----|
| NAME     |       |     | MO                 | YR | MO | YR |
| ADDRESS  |       |     | POSITION           |    |    |    |
| CITY     | STATE | ZIP | SALARY/WAGE        |    |    |    |
| CONTACT  |       |     | PHONE              |    |    |    |
|          |       |     | REASON FOR LEAVING |    |    |    |

| EMPLOYER |       |     | DATES              |    |    |    |
|----------|-------|-----|--------------------|----|----|----|
| NAME     |       |     | MO                 | YR | MO | YR |
| ADDRESS  |       |     | POSITION           |    |    |    |
| CITY     | STATE | ZIP | SALARY/WAGE        |    |    |    |
| CONTACT  |       |     | PHONE              |    |    |    |
|          |       |     | REASON FOR LEAVING |    |    |    |

| EMPLOYER |       |     | DATES              |    |    |    |
|----------|-------|-----|--------------------|----|----|----|
| NAME     |       |     | MO                 | YR | MO | YR |
| ADDRESS  |       |     | POSITION           |    |    |    |
| CITY     | STATE | ZIP | SALARY/WAGE        |    |    |    |
| CONTACT  |       |     | PHONE              |    |    |    |
|          |       |     | REASON FOR LEAVING |    |    |    |

ACCIDENT RECORD FOR PAST 3 YRS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED)

| DATES               | NATURE OF ACCIDENT<br>(HEAD-ON, REAR-END, 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 |
|----------|-------|--------|---------|
| _____    | _____ | _____  | _____   |
| _____    | _____ | _____  | _____   |
| _____    | _____ | _____  | _____   |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED \_\_\_\_\_  
(NAME) (CITY) (STATE)

EXPERIENCE AND QUALIFICATIONS-DRIVER

| DRIVER<br>LICENSES | STATE | LICENSE NO. | TYPE  | EXP 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 THE ANSWER TO EITHER A OR B IS YES, PLEASE EXPLAIN: \_\_\_\_\_

DRIVING EXPERIENCE

| CLASS OF EQUIPMENT       | DATES |       | TYPE OF EQUIPMENT<br>(VAN, TANK, FLATBED, ETC.) | APPROX. NO. MILES |
|--------------------------|-------|-------|---|-------------------|
|                          | FROM  | TO    |   |                   |
| STRAIGHT TRUCK           | _____ | _____ | _____   | _____             |
| TRACTOR AND SEMI-TRAILER | _____ | _____ | _____   | _____             |
| TRACTOR-TWO TRAILERS     | _____ | _____ | _____   | _____             |
| OTHER                    | _____ | _____ | _____   | _____             |

LIST STATES OPERATED IN FOR LAST 5 YEARS:

\_\_\_\_\_

\_\_\_\_\_

WILL YOU GO TO NY INCLUDING NY CITY: \_\_\_\_\_ WILL YOU GO TO CANADA: \_\_\_\_\_ WILL YOU TEAM: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING INCLUDING SAFE DRIVING AWARDS THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with this application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in discharge. I understand also, that I am required to abide by all rules and regulations of this company.

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Date

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Applicant Signature