

Application For Employment General Personnel

For Employment With
24-7 EXPEDITE, INC. SCAC TWFJ
28275 Orchard Lake Road, Suite 115

Farmington Hills, Michigan 48334

This transportation company is an equal opportunity employer in compliance with all Federal and State equal employment opportunity laws. Consideration of qualified applicants for any position is made without regard to the applicant's sex, race, color, national origin, marital status, age, religion or non-job related disability.

Date _____

Position(s) Applied For _____

Name _____ Date of Birth _____
Last First Middle

Address _____
Street City State Zip

Phone _____ Social Security Number _____

Previous Address _____ How Long _____
(Go Back 3 years) Street City State Zip

Address _____ How Long _____
Street City State Zip

Can you legally be employed in the United States? _____ Do you have any proof of age? _____
Required for commercial drivers

Have you ever been employed by this company before? _____ If so, When? _____

What was your rate of pay? _____ Position Held? _____

Reason for leaving _____

Currently _____ May we contact your present employer? _____

If not, How long since you were last employed? _____ What pay rate are you expecting? _____

How did you hear about this company? _____

After reviewing the job description, for what reasons might you be unable to perform the duties of the position for which you are applying? You may explain.

Employment History Past 10 Years

Please give the following information regarding your current and previous employers. Start with the most recent. Use additional sheets if necessary and please explain any employment gaps.

Employer:	Contact:	Phone:
Date: From: <u> / / </u> To: <u> / / </u> Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	

Employer:	Contact:	Phone:
Date: From: <u> / / </u> To: <u> / / </u> Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	

Employer:	Contact:	Phone:
Date: From: <u> / / </u> To: <u> / / </u> Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	

Employer:	Contact:	Phone:
Date: From: <u> / / </u> To: <u> / / </u> Position: _____ Salary: _____	Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____	

Please use this space for comments, additional information, or to explain periods of time between employers.

Education And Training

Please provide the following information about completed education, starting with the most recent.

School or University	Years Completed	Field of Study	Graduate? (yes or no)	When

Have you ever served in the military? _____ If so, when and what branch? _____

Please list any training you have recieved that you think will benefit you in the position for which you are applying. _____

Please provide three personal references. These references should not be people related to you nor former

Name	Years Known	Phone Number

Please use the following space to list any experience or knowledge you have, not mentioned previously, special accomplishments, or comments you would like us to consider.

Carefully Read The Following And Sign

By signing this statement, I certify that this employment application has been completed by me, and all of the entries provided are true, complete, and accurate, to the best of my knowledge. By signing below I also authorize this company to make such inquiries into my employment, financial, personal, or medical history as might be needed to make an employment decision. I understand that inquiries into my medical history are generally made after a job offer is made.

I hereby release my former employers, healthcare providers and schools from any and all liability in making response to these inquiries and from releasing the requested information.

Applicant's Signature

Date

(Do not write below this line - Office use only)

Interview Notes

Date: _____

Interviewer: _____

Comments:

Application Results

Hired or Rejected? _____ Hire Date: _____ Position: _____

If rejected, why? _____

Date to Start: _____ Starting Pay: _____

Comments, Complaints, Etc. : _____

Termination Date: _____ Quit or Dismissed? _____ Why? _____

Disciplinary Action

Date: _____

Employee: _____

Social Security Number: _____

Employee Violations

_____	Missing Work
_____	Being Late / Leaving Early
_____	Insubordination
_____	Personal Phone Calls
_____	Unsatisfactory Work
_____	Willful Damage / Stealing
_____	Rudeness / Attitude with Customers
_____	Other _____
_____	_____
_____	_____

Driver Violations

_____	Late Deliveries / Pick Ups
_____	Misuse if Equipment / Fuel
_____	Failure to Check Call
_____	Failure to Report OS & D's
_____	Traffic Violations
_____	Failure to Follow Dispatcher's Instructions
_____	Other _____
_____	_____
_____	_____

Employee Explanation / Comment: _____

Employee / Driver Signature _____

Date _____

Supervisor Comment / Reason for Write-Up: _____

This employee has been reprimanded for this offense _____ times before.

Action Taken: _____ Warning _____ Suspension _____ Dismissal

Employee / Driver Signature _____

Date _____

Vacation Request

Please fill out the form below regarding the time periods for which you would prefer to use your available vacation time during the next twelve months. This form is also used for vacation changes or emergency time off.

Employee Name: _____

Date Submitted: _____

Below, please find the dates for which I request vacation time.

I understand my vacation time to be: _____ Days _____ Hours

FIRST CHOICE	
From: ____/____/____	Employee's Initials _____
To: ____/____/____	Supervisor's Initials _____
SECOND CHOICE	
From: ____/____/____	Employee's Initials _____
To: ____/____/____	Supervisor's Initials _____
THIRD CHOICE	
From: ____/____/____	Employee's Initials _____
To: ____/____/____	Supervisor's Initials _____

Vacation Approval

(To be filled out by the supervisor)

The vacations I have initialed above are approved. Vacations not initialed are denied for the following reasons:

Supervisor Signature

Date