

MONROE ROADWAYS
APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER

**DRUG TEST
 REQUIRED**

PERSONAL INFORMATION

DATE: _____

NAME: _____ S.S.#: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE # (WITH AREA CODE): _____ * DATE OF BIRTH: _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR BUSINESS SCHOOL	_____	_____	_____	_____

GENERAL

DO YOU HAVE **YOUR OWN** TRANSPORTATION? _____ DO YOU HAVE A DRIVERS LICENSE? _____

EQUIPMENT YOU HAVE OPERATED: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____

RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

* THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

FORMER EMPLOYERS: (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE #

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE: _____ APPLICANT'S SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: YES NO POSITION: _____

SALARY/WAGE: _____ START DATE: _____

CONSENT FOR PRE-EMPLOYMENT ALCOHOL DRUG AND CONTROLLED SUBSTANCE SCREENING

Tests to detect the presence of alcohol, drugs, and other controlled substances are part of the pre-employment assessment of all applicants for employment with **MONROE ROADWAYS**. If you decline to take the tests on the terms set forth in this Consent Form, you will be disqualified from further consideration for employment with **MONROE ROADWAYS**.

I HEREBY CONSENT FOR **MONROE ROADWAYS** TOGETHER WITH ANY CLINIC, HOSPITAL, OR LABORATORY SELECTED BY IT, TO COLLECT URINE AND/OR SALIVA SAMPLES FROM ME AND TO CONDUCT SUCH TESTS AS **MONROE ROADWAYS** MAY DEEM APPROPRIATE TO DETERMINE THE PRESENCE OR USE OF ALCOHOL, DRUGS, OR CONTROLLED SUBSTANCES.

I GIVE MY CONSENT TO THE CLINIC, HOSPITAL, OR LABORATORY SELECTED BY **MONROE ROADWAYS** TO MAKE SUCH DISCLOSURE OF THE TEST RESULTS TO **MONROE ROADWAYS**, ITS AGENTS, OF THIRD PARTIES AS **MONROE ROADWAYS**, IN ITS SOLE DISCRETION, MAY DEEM APPROPRIATE IN ARRIVING AT AN EMPLOYMENT DECISION CONCERNING ME. IN CONSIDERATION FOR PROCESSING MY APPLICATION FOR EMPLOYMENT INCLUDING THE PAYMENT OF ALL COSTS ASSOCIATED WITH THIS TESTING, I HERBY RELEASE **MONROE ROADWAYS**, ITS AGENTS AND EMPLOYEES AND THOSE INVOLVED IN SUCH TESTING FROM ANY AND ALL CLAIMS WHICH MAY ARISE FROM OR IN ANY WAY RELATE TO SUCH TESTING, REPORTING ON SUCH TESTING, OR COMMUNICATION OR DISCLOSURE OF TEST RESULTS AND RELATED INFORMATION.

I have read the above and agree to these terms.

Print Name _____ Signature _____

Date _____ Witness's Signature _____