

# Red **D** Transport

PO Box 207

Ida, MI 48140

(734) 269-9999 or (734) 777-6860

## Application for Contract Employment

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Applicant Name Printed

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Date

Do not leave any questions blank. If "no" or "not applicable" apply, indicate as such.

### A. PERSONAL DATA

Name

\_\_\_\_\_

First Middle Last

Have you worked or attended school under any other name \_\_\_\_\_

If yes, list name \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State/Zip

Within last 5 years address

Address \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State/Zip

Address \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State/Zip

Have you ever applied for a job with us before? \_\_\_\_\_ When? \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

List any friends/relatives working for us \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

### B. EDUCATION

Institution	Name & Address	Did you graduate?
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Grammar

High School

College

### C. MILITARY EXPERIENCE

Have you ever served in the U.S. Military Branches? \_\_\_\_\_

Which Branch? \_\_\_\_\_

Date of Entry \_\_\_\_\_ Date of Separation \_\_\_\_\_ Rank at Separation \_\_\_\_\_

**D. MEDICAL HISTORY**

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_  
Name Address

**E. EMPLOYMENT HISTORY**

Give a complete and consecutive history of your employment for the past ten years, starting with your present or most recent employer.

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ .  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates from \_\_\_\_\_ / / / to \_\_\_\_\_ / / / \_\_\_\_\_ .  
Hours per Week \_\_\_\_\_ Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_ .  
Kind of Business \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ .  
May we contact your present employer? \_\_\_\_\_ .

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ .  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates from \_\_\_\_\_ / / / to \_\_\_\_\_ / / / \_\_\_\_\_ .  
Hours per Week \_\_\_\_\_ Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_ .  
Kind of Business \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ .

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ .  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates from \_\_\_\_\_ / / / to \_\_\_\_\_ / / / \_\_\_\_\_ .  
Hours per Week \_\_\_\_\_ Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_ .  
Kind of Business \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ .

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ .  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates from \_\_\_\_\_ / / / to \_\_\_\_\_ / / / \_\_\_\_\_ .  
Hours per Week \_\_\_\_\_ Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_ .  
Kind of Business \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ .

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ .  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates from / / / to / / / \_\_\_\_\_ .  
Hours per Week \_\_\_\_\_ Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_ .  
Kind of Business \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ .

Company \_\_\_\_\_ Supervisor \_\_\_\_\_ .  
Address: Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates from / / / to / / / \_\_\_\_\_ .  
Hours per Week \_\_\_\_\_ Earnings \_\_\_\_\_ Other Compensation \_\_\_\_\_ .  
Kind of Business \_\_\_\_\_ Reason for Leaving \_\_\_\_\_ .

Account for any breaks in employment history \_\_\_\_\_

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Have you ever been discharged from an employer? \_\_\_\_\_ If yes, which  
Employer, when and reason: \_\_\_\_\_

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## F. PROFESSIONAL REFERENCES

References should be other than relatives and employees of this company. If you have been self-employed at any time in the preceding five years, list person(s) who can verify this self-employment.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation & Place Employed \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation & Place Employed \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Occupation & Place Employed \_\_\_\_\_

**G. DRIVING HISTORY**

List all unexpired driver's licenses issued to you (indicate all states)

Regular License Number \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

Regular License Number \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

Chauffeur's License Number \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

Chauffeur's License Number \_\_\_\_\_ State \_\_\_\_ Exp. Date \_\_\_\_\_

Have any of your driver's licenses been suspended, revoked or restricted, and if yes, explain \_\_\_\_\_

List any motor vehicle accidents you have had within preceding five years:

Date	City/State	Injuries or Deaths?	Were you driving a truck?	Were you held Responsible? Explain
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List any moving traffic violations you have been convicted of within preceding Five years:

Date	Moving Violation	Disposition	City/State	Points
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Please complete the following driving experience you have had in the preceding ten years.

Type of Equipment	Gas or Diesel ?	Type of Material Hauled	City	Over Road?	Years	Approx. Miles
Straight Truck _____						
Tractor/Semi _____						
Other _____						

**H. MECHANICAL EXPERIENCE**

What diesel engines are you familiar with? \_\_\_\_\_  
 How long? \_\_\_\_\_  
 What type of lift truck experience do you have? \_\_\_\_\_  
 How long? \_\_\_\_\_  
 Do you have experience repairing and rebuilding trailers? \_\_\_\_\_  
 How long? \_\_\_\_\_  
 Do you have welding experience? \_\_\_\_\_  
 How long? \_\_\_\_\_

**I. WAIVER**

I understand that this is an application for employment and that no employment contract of any duration is being offered. If employed, I agree to conform to the rules of the company. I agree that my employment and compensation may be terminated with or without cause and with or without notice at the option of either Red D Transport or myself at any time. I understand that no Red D Transport representative, employee, or agent or client representatives, employee, or agent, other than the President or Vice President of MI Business, Inc. dba Red D Transport in a signed document addressed specifically to me and entitled "employee contract" has any authority to enter into any employment for any specific period of time, or to make any agreement contrary to the foregoing at-will employment agreement.

I certify that the information on this application is accurate and complete and subject to verification by the company.

I authorize Red D Transport to make a thorough investigation of my entire work and personal history. I authorize all persons, schools, companies, corporations, law enforcement agencies, consumer reporting agencies, employers, associations and all others to provide any and all information concerning my previous employment and/or pertinent information they may have, personal and otherwise, and agree to release all such parties from all liability for any damage that may result from giving or receiving any such information. I waive all notices regarding release of such information, including but not limited to Bullard-Plawewski Right-To-Know-Act.

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Date

