



**WE WORK FOR YOU.™**

**EMPLOYMENT APPLICATION**

**An Equal Opportunity Employer**

Central McGowan (CM) is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

*Please print and fill out all sections.*

**Applicant Information**

Applicant Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Other Phone: \_\_\_\_\_

Current Address: Number and Street \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

How were you referred to Central McGowan, Inc.? \_\_\_\_\_

**Employment Positions**

Position(s) applying for: \_\_\_\_\_

**Are you applying for:**

- Temporary work - such as summer or holiday work?      Yes      No
- Regular part-time work?      Yes      No
- Regular full-time work?      Yes      No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, when will you be available? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_/\_\_\_/\_\_\_\_\_ Can

you work on the weekends?      Yes      No

Can you work evenings?      Yes      No

Are you available to work overtime?      Yes      No

Salary desired: \$ \_\_\_\_\_

**Personal Information**

If hired, would you have transportation to/from work?            Yes        No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?            Yes        No

If hired, are you willing to submit to and pass a controlled substance test?            Yes        No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?            Yes        No

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

*(Note: Central McGowan, Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**Education, Training and Experience High**

**School**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes No

Degree / diploma earned: \_\_\_\_\_

**College / University**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate?            Yes        No

Degree / diploma earned: \_\_\_\_\_

**Vocational School**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate? Yes No

Degree / diploma earned: \_\_\_\_\_

**Military**

Branch: \_\_\_\_\_ Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_ Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

**Additional Information**

Do you speak, write or understand any foreign languages?      Yes      No

If yes, list languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Yes    No

If yes, please explain: \_\_\_\_\_

**Employment History**

Are you currently employed?      Yes      No

If you are currently employed, may we contact your current employer?      Yes      No

Below, please describe past and present employment positions, dating back five (5) years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

If you are applying for a driver position, DOT requires that you show employment for at least three (3) years and commercial driving experience for the past ten (10) years.

Name of Employer: \_\_\_\_\_ Business Type: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?      Yes    No

Name of Employer: \_\_\_\_\_ Business Type: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?      Yes    No

Name of Employer: \_\_\_\_\_ Business Type: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?      Yes    No

**If there has been a gap in employment of more than 6 months, please provide details below.**

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**(Attach sheet if more space is needed)**

**References**

List below three (3) persons who have knowledge of your work performance within the last four (4) years. Please include professional references only.

Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

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Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

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Name - First, Last: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

**Read and Initial Each Paragraph, then Sign Below**

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of application or, if I am employed by Central McGowan, Inc., terms for my immediate expulsion from Central McGowan, Inc.

\_\_\_\_\_

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or Central McGowan, Inc.

\_\_\_\_\_

I permit Central McGowan, Inc. to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Central McGowan, Inc., my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*Driver Applicants will need to also fill out this page\***

Driver	State	License Number	Type	Expiration Date
Licenses				

**Driving Experience**

Equipment Class	Type of Equipment (van, flat, tank, etc.)	Dates		Approximate # of Miles Driven
		From:	To:	
Straight Truck				
Tractor/Trailer				
Tractor/Two Trailers				
Other				

**Accident Record Past 3 Years or More (attach sheet if more space is needed)**

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	# Fatalities	# Injuries
Last Accident			
Next Previous			
Next Previous			

**Traffic Convictions and Forfeitures for the Past Three Years (other than parking violations)**

Location	Date	Charges	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No  
 Have any license, permit, or privilege ever been suspended or revoked? Yes No

If yes, please give details: \_\_\_\_\_

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you unsuccessfully applied for safety sensitive transportation work covered by DOT drug and alcohol testing rules during the last 2 years? Yes No

If you answered yes, can you provide proof that you've successfully completed the DOT return-to-duty requirements? Yes No

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by DOT regulations. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information if the previous employer(s) and I cannot agree on the accuracy of the information.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_