



2171 Hwy 98 East - Columbia, MS 39429  
Phone: (601) 731-1222 Fax: (601) 731-1299

## EMPLOYMENT APPLICATION

This company follows the Equal Employment Opportunity guidelines. Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap. In addition, this company has a strict drug abuse policy and all applicants are subject to drug testing at any time prior to, or during, employment with this company.

Position Applied for:

Date:

Full Time

PartTime

Temp

Date Available:

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### GENERAL INFORMATION

Last Name:

First Name:

Middle Initial:

Address:

City:

State:

Zip Code:

Previous Address:

City:

State:

Zip Code:

Home Phone:

Mobile Phone:

E-mail:

Social Security #:

Are you 18 years or older?

Yes

No

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### EMPLOYMENT HISTORY

**Directions:** Start with your present job or most recent job. Include military assignments and volunteer activities. Exclude organizational names that indicate race, religion, sex, or national origin.

Employer:

Dates Employed: From:

To:

Address:

Start Rate:

End Rate:

Job Title:

Phone #:

Supervisor:

Reason for Leaving:

Employer: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Start Rate: \_\_\_\_\_ End Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Start Rate: \_\_\_\_\_ End Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Start Rate: \_\_\_\_\_ End Rate: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## **EDUCATION**

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### **Elementary School**

School Name:

School Address:

Course of Study:

Highest Grade or Level Completed:

Diploma or Degree:

## **High School**

School Name:

School Address:

Course of Study:

Highest Grade or Level Completed:

Diploma or Degree:

## **Undergraduate**

School Name:

School Address:

Course of Study:

Highest Grade or Level Completed:

Diploma or Degree:

## **Other (specify)**

School Name:

School Address:

Course of Study:

Highest Grade or Level Completed:

Diploma or Degree:

Please describe any special qualifications you feel you have for this job:  
(example: special license, certification or experience etc.)

## REFERENCES

Please provide three references who are NOT family members

Name:

Address:

Phone:

Other Phone:

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Name:

Address:

Phone:

Other Phone:

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Name:

Address:

Phone:

Other Phone:

## OTHER

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How did you learn about us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other (please explain):

Have you ever been employed with us before?

Yes

No

Dates Employed: From (Year/Month):

To (Year/Month):

If yes, what was your reason for leaving?

Are you related to any employee of this company?

Yes

No

If yes, who?

Are you currently on "lay-off" status and subject to recall?      Yes      No

If yes, for what company and are you planning to return if hired here?

Are you a veteran of the U.S. Military Service?      Yes      No

Are you legally eligible for employment in the U.S.?      Yes      No

Do you have a valid driver's license?      Yes      No

Driver's License #:      State:      Exp. Date:

Are you applying for a driving position?      Yes      No

***(If yes, please complete the professional driving section of this application)***

Have you ever been convicted of a misdemeanor or felony?      Yes      No

(If yes, please explain including date of conviction, location, city, state and felony or misdemeanor)

Have you ever served time, been on probation or currently on a deferred sentence?      Yes      No

(If yes, please explain including date of conviction, location, city, state and felony or misdemeanor)

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## **DRIVING SECTION**

***\*\*\*Compete this section only if your are applying for a position that requires driving\*\*\****

Date of Birth (MM/DD/YYYY):

The U.S. Department of Transportation requires that driver applicants state their date of birth (391.21(b)(2)).



## DRIVING EXPERIENCE

Please specify if you have had experience with any of the following:

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Straight Truck?	Yes	No	Type?	Van	Tank	Flat	Dump	Refer
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Approx. # of Miles: \_\_\_\_\_

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Tractor & Semi-Trailer?	Yes	No	Type?	Van	Tank	Flat	Dump	Refer
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Approx. # of Miles: \_\_\_\_\_

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Tractor-Two Trailers:	Yes	No	Type?	Van	Tank	Flat	Dump	Refer
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Approx. # of Miles: \_\_\_\_\_

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Tractor-Three Trailers:	Yes	No	Type?	Van	Tank	Flat	Dump	Refer
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Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Approx. # of Miles: \_\_\_\_\_

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Motorcoach School Bus (8 or more passengers)?	Yes	No
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Other (please specify): \_\_\_\_\_

List states operated in during the last five years:

Special courses or training that will help you as a driver:

Which safe driving awards do you hold and from whom?

**ACCIDENT RECORD FOR PAST 3 YEARS *(Beginning with most recent)***

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Date: Nature of Accident *(Head on, rear end, etc.)*

Fatalities: Injuries:

Hazardous Material Spill:

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Date: Nature of Accident *(Head on, rear end, etc.)*

Fatalities: Injuries:

Hazardous Material Spill:

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Date: Nature of Accident *(Head on, rear end, etc.)*

Fatalities: Injuries:

Hazardous Material Spill:

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS  
*(other than parking violations). IF NONE, WRITE "NONE".***

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Location: Date:

Charge: Penalty:

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Location: Date:

Charge: Penalty:

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Location: Date:

Charge: Penalty:

I certify that all information given in this application is true and correct, and agree that any falsification, misrepresentation, or omission of a material fact may disqualify me from further consideration for employment, and may provide justification for discharge if discovered at a later date. I understand that the Company may make an investigation of my work and personal history, and I authorize all persons, schools, and companies, named in the application, and law enforcement agencies to supply any information concerning my background that may be required to make an employment decision and release them from liability for doing so. I acknowledge that employment with the company may be conditioned upon the satisfactory results of a company-paid drug test for illegal substances.

I understand that nothing in this application is intended to imply or create a contract of employment. I further understand that, if hired, my employment will be "at will," which means that either I or the Company may terminate the employment relationship at any time for any reason or no reason, with or without notice. I also understand that while personnel policies and procedures may change from time to time, such at-will status is not subject to change absent a written agreement signed by the President or Vice-President.

Applicant Signature:

Date:

Company Representative:

Date:

Please doublecheck your responses and click "Submit Application" below.  
If you are having any issues submitting the application, please contact us at **(601) 731-1222**,  
or feel free to SAVE the filled out application and email to us at **hr@qualityservices.cc**

