



Strength Transportation Management

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
An Equal Opportunity Employer

We welcome the opportunity to consider you for employment. It is our policy to seek, employ, and assign the best-qualified personnel in all our departments. This is done without regard to age, race, religion, color, physical disability, mental disability, sex, sexual orientation, gender, gender expression, gender identity, national origin or ancestry, marital status, medical condition, genetic information, pregnancy, military and veteran status or any other characteristic protected by law.

PERSONAL INFORMATION: Name:					
	LAST	FIRST		MIDDLE	
Present Address:					
City/State/Zip:					
Telephone:					
Driver License Number:	State:				
Date you will be available for work:					
EMPLOYMENT DESIRED:					
Position Applied For:					
Were you referred to us by	a current employee? Yes 🗆 No		Employee Nar	me:	
EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA / DEGREE	MAJOR / MINOR	
HIGH SCHOOL FROM TO					
COLLEGE / UNIVERSITY FROMTO					
GRADUATE SCHOOL FROMTO					
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In the space below, provide any additional information you believe will assist us in evaluating your qualifications for employment, including technical training/education, professional registrations, memberships and scholastic awards or honors, and other experience, training or skills. (You may exclude affiliations, which might indicate race, religion, age, sex or any protected characteristic.)

GENERAL INFORMATION: Yes No If employed and under 18 years of age, can you furnish a work permit? If offered employment, can you provide proof of eligibility to work in the United States Yes No Yes No May we contact your present employer? If not, why: Are you on a layoff status and subject to recall? Yes No Are you able to? Work Overtime: Yes No Travel: Yes No Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation(s)? Yes No If required by the job, can you lift? 10 lb. 25 lb. 50 lb. 75 lb. 100 lb. Frequently Seldom Occasionally Have you ever been terminated or asked to resign from any employment? Yes No If yes, please explain the circumstances:

To qualify with MTS/STM, you must meet the following criteria:

Have you ever worked or attended school under a different name?

If yes, what name:

- No DWI or DUI convictions within the past five years.
- No major preventable accidents within the past twelve months.
- No reckless driving convictions in the last three years in a personal or commercial vehicle.

Yes

No

Able to pass a DOT physical and drug test

EMPLOYMENT HISTORY: (Most recent first) A resume may be attached to supplement (but not replace) this information

	Town (Most recent most) A resume may so	, , , , , , , , , , , , , , , , , , , ,	
DATE MONTH AND YEAR	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	POSITION	REASON FOR LEAVING
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misrepresentation termination of em confidential infornation and arfurther authorize thand all information of the company TO CONEMPLOYMENT, HAWITHOUT CAUSE (MY EMPLOYMENT WITHOUT CAUSE (MY EMPLOYMENT WITHOUT CAUSE (MY EMPLOYMENT CAUSE)	enalty of perjury, that all of the above information may falsification or omission of information may ployment. I have no objection to making apply mation and invention, or taking a medical extra and all other persons and organizations for the listed employers, schools, and personal in about my previous employment and education and the province of an offer of EMPLOYINTINUE TO EMPLOY ME IN THE FUTIURE. I EAVING NO SPECIFIED TERM IS BASED UPON IN OR PRIOR NOTICE, BY EITHER PARTY (THE COMPANY'S RIGHT OR NOTICE, MAY NOT BE CHANGED, WAIVELED BY BOTH ME AND THE COMPANY PRESIDED BY BOTH ME AND THE COMPANY PRESIDED.	ry result in the denial of employ plication for security clearance, amination. I authorize the Comparing upon my references to give the Company ation, along with any other perturbed by the Company of t	rment or, if hired may result in signing an employee agreement on apany to contact my former employer qualifications for employment. It was the work of the work o
	f my employment by R.J. Noble Company ar me may be applied against any Indebtedne		

If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that

DATE

I have read the above statements and understand the same.

APPLICANT SIGNATURE