



## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, political affiliation, sexual orientation, the presence of a non-related medical condition or handicap, or any other legally protected status. Equal access to programs, services, and employment is available to all people.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Current Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long?  
Previous Address if Less Than 3 Years:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_ How Long?

Telephone: \_\_\_\_\_ Best time to call you at home is: \_\_\_\_\_

Pager or Cell phone number: \_\_\_\_\_

May we contact you at work?  Yes  No If yes, work number and best time to call: \_\_\_\_\_

Have you ever applied for work with us before?  Yes  No If Yes, when? \_\_\_\_\_

List anyone you know who works for us: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you legally eligible to work in the United States?  Yes  No  
(Proof of citizenship or immigration status and work visa will be required upon employment.)

Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, please explain: \_\_\_\_\_

Desired position: \_\_\_\_\_ If hired, when could you start? \_\_\_\_\_

Are you available for work:  Full Time  Part Time  Days  Evenings  Weekends

If applying only for Part Time, what days and hours? \_\_\_\_\_

Will you work overtime if the job requires it? \_\_\_\_ Yes \_\_\_\_ No

U.S. Armed Forces Service? From \_\_\_\_\_ to \_\_\_\_\_ Branch of Service \_\_\_\_\_

Rating at time of discharge: \_\_\_\_\_

**EDUCATION**

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last High School attended:

\_\_\_\_\_  
Name of School City State

Last school attended:

**Employment History**

All Applicants: Please list your most recent employment first. History is for the past three years.  
Commercial drivers only shall provide an additional seven years' information (for a total of ten (10) years) on employers for whom the applicant operated a commercial vehicle. Add another sheet if necessary.

Name & Address of Employer:	From:	To:
Summarize the type of work performed and job responsibilities:	Contact Person Name & Phone #:	
	Supervisor:	
	May We Contact?	
Reasons for Leaving:	Final Salary/Wage:	

Name & Address of Employer:	From:	To:
Summarize the type of work performed and job responsibilities:	Contact Person Name & Phone #:	
	Supervisor:	
	May We Contact?	
Reasons for Leaving:	Final Salary/Wage:	

Name & Address of Employer:	From:	To:
Summarize the type of work performed and job responsibilities:	Contact Person Name & Phone #:	
	Supervisor:	
	May We Contact?	
Reasons for Leaving:	Final Salary/Wage:	

How many days have you been absent from work in the past year? \_\_\_\_\_

If offered a job, would you be willing to take a physical exam, if required? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PERSONAL REFERENCES (NOT RELATIVES)**

Name	Address & Phone No.	How do you know this person?

**OTHER INFORMATION**

Use this section to complete any of the above information, or to add any information you wish us to consider for this application.

---

---

---

Why have you chosen to apply for employment at Mattingly Cold Storage?

---

How did you learn about Mattingly Cold Storage?

\_\_\_\_ Friend    \_\_\_\_ Relative    \_\_\_\_ Advertisement    \_\_\_\_ Web Site    \_\_\_\_ Employment Agency    \_\_\_\_ Other

---

---

**This section for office use only:**

Date Received: \_\_\_\_\_ Interview date: \_\_\_\_\_

Dept: \_\_\_\_\_ Position: \_\_\_\_\_

Reference Check:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

Drug Screen: \_\_\_\_\_

Orientation: \_\_\_\_\_

Official First Day of Work: \_\_\_\_\_

---

---

Notes:

## Applicant's Certification and Agreement

Please read each section carefully and initial the line.

\_\_\_\_ 1. **Authorization for employment/educational information.** I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give Mattingly Cold Storage any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other 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 hereby waive written notice that employment information is being provided by any person or organization.

\_\_\_\_ 2. **Employment authority.** If I am hired, in consideration of my employment, I agree to abide by the rules and policies of Mattingly Cold Storage, including any changes made from time to time. I understand and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Mattingly Cold Storage, or myself. I am or will be an employee at will.

\_\_\_\_ 3. **Authorization to work.** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform Control Act of 1986.

\_\_\_\_ 4. **Limitation on Claims.** I agree that any action or suit against Mattingly Cold Storage, arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.

\_\_\_\_ 5. **Need for Accommodation.** If I am handicapped and require an accommodation to perform the job, I must notify Mattingly Cold Storage, of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that Mattingly Cold Storage, has not accommodated me as required by law.

\_\_\_\_ 6. **Criminal Records Check.** I agree to execute an authorization for Mattingly Cold Storage, to secure criminal conviction history from the appropriate law enforcement agency.

\_\_\_\_ 7. **Release of Medical Information.** I authorize every medical doctor, physician, or other healthcare provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays, or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, tests, or evaluation. I hereby release every medical doctor, healthcare personnel and every other person, firm, officer, corporation, association, organization, or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other healthcare provider until a job offer has been made.

\_\_\_\_ 8. **Physical Exam and Drug and Alcohol Testing.** I agree to take a physical exam, if required, and authorize Mattingly Cold Storage, or its designated agent(s) to withdraw specimen(s) of my urine or breath for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs, or other substances, including non-prescribed medications. I voluntarily and knowingly authorize the release of the test results to Mattingly Cold Storage, I understand that decisions concerning my employment may be made as a result of these tests.

\_\_\_\_ 9. **Consideration for Employment.** I understand that my application will be considered pursuant to the normal procedures of Mattingly Cold Storage, for a period of six (6) months. If I am still interested in employment thereafter, I must reapply.

\_\_\_\_ 10. **Driving Records Check.** If applying for a position that requires driving a company vehicle, I authorize Mattingly Cold Storage, and its agents the authority to make investigations and inquiries of my driving record following a conditional offer of employment.

\_\_\_\_ 11. **Certification of Truthfulness.** I certify that all statements on this Application for Employment are completed by me and to the best of my knowledge are true, complete, and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

\_\_\_\_ 12. **Non-Discriminatory Hiring.** I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I have read and understand items one (1) through twelve (12), and acknowledge that by my signature below.

---

Applicant's Signature

Date

For office use only:

Date Rec'd: \_\_\_\_\_

Inter. date: \_\_\_\_\_

Dept: \_\_\_\_\_

**Complete this section only for positions that require driving a company vehicle.**

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_ Can you provide proof of age? \_\_\_\_\_ Required for driving records check only.

**DRIVING RECORD**

**Collision record** for the past three (3) years. Attach sheet if more space is needed.

Dates	State	Nature of Collision (Head-On, Rear-End, etc.)	Injuries/Fatalities	Vehicle Type (Commercial or Personal)

Traffic convictions and forfeitures (other than parking violations) for the past three (3) years. Attach sheet if more space is needed.

Dates	Location City & State	Violation (Head-On, Rear-End, etc.)	Points	Vehicle Type (Commercial or Personal)

**DRIVER EXPERIENCE AND QUALIFICATIONS**

**Driving Record**

State Issued	CDL License Number	Endorsements	Expires

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? \_\_\_\_ Yes \_\_\_\_ No
- B. Has any license, permit, or privilege ever been suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

**IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING THE DETAILS.**

Class of Equipment	State Issued	From	To	Approx. Total # of Miles
Straight Truck				
Tractor and Semi-Semi Tr.				
Tractor-2 trailers				
Other				

List the states you operated in for the last five years. \_\_\_\_\_  
 \_\_\_\_\_

List any special course, training, or remedial course(s) taken for driving. \_\_\_\_\_  
 \_\_\_\_\_

What safe driving records do you hold and from whom? \_\_\_\_\_

List special equipment or technical materials you are qualified for. \_\_\_\_\_

List any special equipment you have experience working with. \_\_\_\_\_