

Check One
Company Driver _____

CDL Mechanic _____

Independent Contractor _____

Please complete this application completely – Sign and Date
APPLICATION FOR EMPLOYMENT

MTL, Inc.

163 Vo-Tech Dr. Johnstown PA 15904-2995

Phone 814-269-6032

Fax 814-269-6014

(Answer All Questions-Please Print)

Location Accepted _____

Facility locations: Number in order of preference:

____ Johnstown, PA ____ Myerstown, PA

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied for _____ Date _____

Would you be willing to relocate? ____yes ____no Social Security No. _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Phone _____

ADDRESS _____ How long? _____

FOR PAST Street City State & Zip

THREE Street City State & Zip How long? _____

YEARS Street City State & Zip

Do you have the legal right to work in the United States? _____

Are you over the age of 18? _____ If no can you provide proof of age? _____

Have you worked for this company before? _____ Where? _____

Date: From _____ To _____ Rate of pay _____ Position _____

Reason for leaving _____ Date of Birth _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you?(be specific) _____ Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish _____

MILITARY STATUS 9--BVFG0

HAVE YOU SERVED IN THE U.S. ARMED FORCES? BRANCH _____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED _____

(Name)

(City)

EMPLOYMENT HISTORY

Provide employment information for the past 7 years.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall provide 7 years of information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYERS		
<u> </u>		
<u>NAME</u>	<u>FROM</u>	<u>POSITION HELD</u>
<u>ADDRESS</u>	<u>MO</u> <u>YR</u>	
<u>CITY</u>	<u>TO</u>	<u>REASON FOR LEAVING</u>
<u>PHONE NUMBER</u>	<u>MO</u> <u>YR</u>	
<u>FAX NUMBER</u>	<u> </u>	
<u>WAS JOB SUBJECT TO FMCSR REGS</u>	<u>YES</u> <u>NO</u>	
<u>WAS JOB SUBJECT TO DOT DRUG TESTING</u>	<u>YES</u> <u>NO</u>	
<u>NAME</u>	<u>FROM</u>	<u>POSITION HELD</u>
<u>ADDRESS</u>	<u>MO</u> <u>YR</u>	
<u>CITY</u>	<u>TO</u>	<u>REASON FOR LEAVING</u>
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<u>CITY</u>	<u>TO</u>	<u>REASON FOR LEAVING</u>
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EXPERIENCE AND QUALIFICATIONS---DRIVER

DO YOU HAVE A CDL? YES___ NO___ IF YES: CLASS A OR B

**** YEAR ORIGINAL CDL RECEIVED:

	STATE	LICENSE NO.	CLASS	EXPIRATION DATE
DRIVER LICENSES				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicles? yes___ no___

B. Has any license, permit or privilege ever been suspended or revoked? yes___ no___

C. Have you ever used an alias? yes___ no___

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

ENDORSEMENTS HELD_____

DRIVING EXPERIENCE

Equipment driven List years of experience

Straight truck_____ Tractor-Semi-trailer_____ Tractor/Doubles_____ Tanker_____

LIST STATES OPERATED IN FOR LAST FIVE YEARS

SHOW 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 OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

	NATURE OF ACCIDENT	FATALITIES	INJURIES
<u>DATES</u>	(Head-on, rear-end, upset, etc)		
<u>LAST ACCIDENT</u>			
<u>NEXT PREVIOUS</u>			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS

LOCATION DATE CHARGE PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS---PLATFORM/WAREHOUSE

HAVE YOU EVER BEEN A DOCK WORKER, WAREHOUSEMAN, OR FOREMAN? YES ___ NO ___
 IF YES: POSITION HELD _____

LIST TYPES OF PLATFORM EXPERIENCE AND YEARS OF EACH:

LIFTTRUCK _____ CRANE _____ JOCKEY TRUCK _____ FUELING _____

LIST COURSES OR TRAINING IN PLATFORM WORK _____

CDL MECHANIC ONLY

EXPERIENCE AND QUALIFICATION--MAINTENANCE

HAVE YOU EVER BEEN A MECHANIC, PARTS MAN, OR IN BUILDING MAINTENANCE/CONSTRUCTION? Yes No
 IF YES, POSITION HELD _____

LIST TYPES OF MAINTENANCE EXPERIENCE AND YEARS OF EACH

LIST EQUIPMENT YOU CAN OPERATE	CHECK	YEARS OF EXPERIENCE	EQUIPMENT	CHECK	YEARS OF EXPERIENCE
Woodworking Equipment			Welding		
Sheet Metal Equipment			Tow motor repairs		
Building Maintenance			Tire repairs		
Differential Rebuilding			Parts room ordering		
Transmission rebuilding			Air Brake system		
Body work/painting			Snow plow		
Frame & Axle Straightening Equip			Heavy equipment		
Electrical & Ignition Repair			air conditioning		
Engine Rebuilding Equipment			Front end alignment		
Diesel injection equipment			Tire/Wheel balancing		

LIST COURSES AND TRAINING IN MAINTENANCE WORK _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employer's schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. MTL, Inc. is an at will employer.

DATE _____ APPLICANT'S SIGNATURE _____

OFFICE USE ONLY

INFORMATION GIVEN TO: Name _____ DATE _____
 JOB NOT AVAILABLE _____ REJECTED _____
 HIRED _____ REFUSED _____
 EASON _____

All applicants please include with your application a copy of the following

Drivers License

Social Security Card

Passport or Visa if applicable

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