

Applicant's Name: _____ Date Applied: _____

Thomas O. Miller & Company, Inc.



Employment Application

Please submit completed application:

By Mail:

Thomas O. Miller & Co., Inc.
20 Riverview Drive
Marlboro, NY 12589
Attn: Human Resources

By Fax:

Attn: Human Resources
(845) 926-5701

Application for Employment

In compliance with Federal and State Equal Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, veteran status, citizenship, age, sexual orientation, marital status or disability.

Date of Application: _____

Name: _____ Social Security No. _____
Last First M.I.

Have you ever used another name or are you known by any other name? Yes _____ No _____ List other names: _____

Current Address: _____
Street City/Town State Zip

Dates resided at this address: From _____ to _____ Phone (_____) _____

Other _____ From _____ to _____
 Addresses Street City/Town State & Zip
within past

3 years _____ From _____ to _____
Street City/Town State & Zip

Position(s) Applied for: _____

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

Date you can start _____ Salary desired _____

Have you ever applied for a job or worked for Thomas O. Miller & Co.? Yes _____ No _____ If so: When _____

Are you age 18 or older? Yes _____ No _____

Are you either a U.S. citizen or an alien who has the legal right to remain and work in the U.S.? (You will be required to furnish proof of lawful work status if you are extended a job offer). Yes _____ No _____

How were you referred Employee: _____ Walk-in
 to this company? Advertisement (specify): _____ Other (specify): _____

CRIMINAL INFORMATION

Have you ever been convicted of a crime? Yes _____ No _____ If so, please describe fully the criminal convictions, listing the nature of the offense, the date of the offense, and any rehabilitation that has occurred since. (A conviction record will not necessarily be a bar to employment).

Have you any pending criminal charges? Yes _____ No _____

If yes, explain nature, city and state and date of offense: _____

No employer may, directly or indirectly, require, request, suggest, or cause any applicant for employment submit to a polygraph examination as a condition of employment or continued employment.

EDUCATION

	GRAMMAR	HIGH	COLLEGE	GRADUATE
CIRCLE LAST YEAR COMPLETED	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	17 18 19 20

SCHOOL NAME AND LOCATION	COURSE OF STUDY	DEGREES AND HONORS
High School		Did you graduate? Yes _____ No _____ Degree received:
College or University		Did you graduate? Yes _____ No _____ Degree received:
		Did you graduate? Yes _____ No _____ Degree Received:
Other		Did you graduate? Yes _____ No _____ Degree Received:

EMPLOYMENT HISTORY

TO ALL APPLICANTS: Provide the following information for all employers for a minimum of the preceding ten years.

The applicant's prior employers may be contacted for the purpose of investigating the applicant's background. Any verifiable volunteer work may be included as part of the applicant's work history.

TO ALL DRIVER APPLICANTS: You must provide the following information on all employers during the preceding ten years.

Please begin with your present or most recent job. Add another sheet if needed.

Current or Most Recent Company		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name & Title		May we Contact YES NO
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were you Terminated or Forced to Resign?		YES NO
Past Employment		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name		Title
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were you Terminated or Forced to Resign?		YES NO
Past Employment		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name		Title
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were you Terminated or Forced to Resign?		YES NO
Past Employment		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name		Title
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were you Terminated or Forced to Resign?		YES NO
Past Employment		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name		Title
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were you Terminated or Forced to Resign?		YES NO
Past Employment		Address		City	State	Telephone
Date Started	Date Ended	Starting Salary	Latest Salary	Supervisor's Name		Title
Your Position				Reason For Leaving		
Duties and/or Accomplishments				Were you Terminated or Forced to Resign?		YES NO

OTHER SPECIAL SKILLS

Describe any other job-related skill, certifications or qualifications not covered by this application: _____

Are you a licensed member of any profession or trade? Yes _____ No _____

Kind of license _____ State issued _____ Certificate # _____ Year _____

U.S. MILITARY SERVICE

Branch of U.S. Service	Total Number of Months of Active Duty	Rank at Discharge	
Supervisor's Name & Title	Address	City	State
Nature of duties and any special training and honors received			

REFERENCES

Give the names of three persons not related to you, whom you have known for at least one year.

	NAME	TELEPHONE NUMBER	RELATIONSHIP	YEARS AQUAINTED
1.				
2.				
3.				

TO BE READ AND SIGNED BY ALL APPLICANTS

Drug Testing: Employment in the position for which you have applied may be contingent upon your successful completion of a post-offer Company-paid drug test for the presence of illegal drugs. If offered the position, are you willing to take and do you consent to a drug test? Yes _____ No _____

Refusal to consent or to submit to the drug testing set forth above or a positive drug test result will eliminate your consideration for employment.

I authorize the Company to investigate all statements contained herein and in the attached resume. I further authorize the references listed above and in the attached resume to give the Company any and all information concerning my previous employment, education and any other pertinent information they may have. I further authorize the Company to conduct a consumer credit check, criminal convictions check and motor vehicle history inquiry if deemed necessary by the Company in the course of my employment and pursuant to this application. I release all parties from all liability for any damage that my result from furnishing information to the Company.

I certify that the information provided in this application and the attached resume is true and complete to the best of my knowledge. I understand that falsified statements or omissions of information on this application or in the attached resume shall be ground for the Company's refusal to hire me or for immediate dismissal if I become employed by the Company.

I understand that if I become employed by the Company, I will be an at-will employee. Accordingly, the employment relationship may be terminated, with or without cause and with or without notice, at any time, at the option of either the Company or me. I further understand that no supervisor, manager or representative of the Company, except for the president or Vice President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature: _____ **Date:** _____

ONLY Applicants applying for a DRIVER'S POSTION should complete this page

Date of Birth: _____ (required by D.O.T.)

ACCIDENT REPORT (Record for the last three years, 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 (Record for the last three years) Under the DOT regulations, all violations of motor vehicle laws or ordinances (other than parking violations) of which the driver-applicant was convicted must be included.

LOCATION	DATE	CHARGE	PENALTY

QUALIFICATIONS

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER'S				
LICENSE				

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 details

EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
STAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
OTHER				

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.

Applicant's Signature: _____ **Date:** _____