

WHITESTONE TRANSPORTATION

17 Shiloh Church Road

Moselle, MS 39459

Phone: 601-450-7710 Fax: 1-866-226-9858

APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions. **PLEASE PRINT ALL ANSWERS CLEARLY.**

**ALL QUESTIONS ON THIS PAGE MUST BE ANSWERED IN THEIR ENTIRETY.
PLEASE INCLUDE COPIES OF YOUR FORM I-9 DOCUMENTATION (DRIVER'S LICENSE AND SOCIAL SECURITY CARD OR OTHER FORMS OF ACCEPTABLE IDENTIFICATION IN ACCORDANCE WITH THE FORM I-9).**

Last Name First Name M.I. Social Security Number Today's Date

Street Address City State Zip

Home Telephone Number Cell Phone Number Driver's License Number State Issued

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Have you ever been convicted of a felony? Yes No

Note: A conviction will not necessarily disqualify you from employment.

If "Yes", complete the "Felony Conviction" form, which can be obtained from your potential On-Site Supervisor. If you responded "Yes", the Felony Conviction explanation form must accompany this application for employment.

Are you over 18 years of age? Yes No

Position applying for: _____ Email Address: _____

Are you able to perform the essential functions of the job? Yes No

If "no", are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

Explain:

DO YOU HAVE A "TWIC" CARD? ___ YES ___ NO

IMPORTANTIN CASE OF EMERGENCE, NOTIFY:

Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:

I have read and understand the Notice to Applicants as well as the Applicant's Statement on the last page of this application packet. This application will remain active for thirty (30) days. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.

Signature: _____ Date: _____

EDUCATION DATA:

School	Print name of school, city, state & phone number for each school	Number of Years Completed	Degree	Major Course of Study

Skills: List any job-related skills, qualifications, education, or information that support your application: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "yes", identify name(s) and relevant dates: _____ Date(s) _____

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first). Account for all time periods including unemployment, self-employment and military service, etc. Attach separate paper(s) if necessary.

CURRENT EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
PHONE NUMBER			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		REASON FOR LEAVING	
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COMPANY NAME		FROM	TO
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COMPANY NAME			FROM	TO
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CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Have you ever been dismissed or forced to resign from any employment? Yes No
 If "yes", please explain: _____

Are you a veteran of the U.S. Military Services? Yes No
 If "yes", what branch of Service? _____
 Beginning date and ending date of active service: From: _____ (year/month) To: _____ (year/month)
 Date of discharge from Military Service: _____

Do you have transportation to work? Yes No
 Will you work overtime if asked? Yes No
 Are there any hours, shifts or days you will not work? Yes No
 If "yes" explain: _____

Are you now employed? Yes No
 Are you on a layoff? Yes No
 Are you subject to recall? Yes No
 May we contact your present employer? Yes No
 May we contact your previous employer(s)? Yes No
 Please identify any exceptions and reasons for not contacting prior employers: _____

PERSONAL REFERENCES:

List three persons not related to you whom you have known at least one year:

	NAME	ADDRESS & TELEPHONE NUMBER	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you filed an application here before? Yes No If "yes", give date: _____

Have you ever been employed here before? Yes No If "yes", give dates: _____

NOTICE TO APPLICANTS

This Employer complies with the Americans with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicants accepted for employment should clearly understand that while we make an effort to provide steady, continuous work, we have no employment contracts and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc., and of course, employees may elect to leave of their own accord to seek other jobs.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to random blood tests and/or urinalysis screening for drug or alcohol use.

PeopLease provides a smoke-free work environment for its employees.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of my background and all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact and release all such persons or companies or corporations supplying information from all liability for all damages on account of supplying such information. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment or, if employed by the Employer, may result in the termination of my employment. I agree to furnish such additional information and complete such examinations as may be required to complete this application.

In consideration of my employment, I agree to conform to the rules and regulations of the Employer. I understand that my employment with the Employer is for no specific term, and that my employment, compensation, and benefits can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Employer or myself.

I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any Employee Handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice.

I also understand that no manager, supervisor, or company representative(s) other than the Employer's two Directors, has any authority to enter into any employment agreement for any specified time period, or to make any oral or written agreement contrary to the foregoing.

I understand all notices to applicants above, and I agree to submit to testing for drug or alcohol use in accordance with the Employer's policies.

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, religion, national origin, disability, veteran or marital status, or any other status or condition protected by applicant's federal or state statutes, except where a bona fide occupational qualification exists. Your opportunity for employment with the Employer depends solely upon your qualifications.
