



1410 Martin Luther King Jr. Way - Tacoma, WA 98405-3930
Phone: (253) 272-1800 - Fax: (253) 572-1764

APPLICATION FOR EMPLOYMENT

ANSWER ALL QUESTIONS

M C Delivery is an equal opportunity employer. No employee or applicant for employment will be denied equal employment opportunity or subjected to harassment because of race, color, religion, sex, national origin, age, disability, sexual preference, gender identity, political affiliation or beliefs, or any other prohibited factor which does not impair their ability to perform the job duties.

PERSONAL INFORMATION:

Date _____

Name _____
Last First Middle Initial

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Contact Phone Number _____ - _____ - _____

Are you 23 years of age or older? Yes No

Do you have the legal right to work in the United States? Yes No

Do you have a valid Washington State driver's license? Yes No Other State _____

EMPLOYMENT DESIRED:

Position: _____ Date You Can Start _____ Salary Desired _____

Are you employed now? Yes No

If so, may we inquire of your present employer? Yes No

Ever applied to this company before? No Yes: Where? _____ When? _____

This employment requires lifting of up to 70 pounds on a repetitive basis. Is there any reason you would not be able to perform this function with or without an accommodation? Yes No

If yes, explain if you wish: _____

Are you willing and able to report to work on time, every day on a regular and consistent basis? Yes No

Where you referred by an M C Delivery employee? Yes No

WORK HISTORY: List names of employers in consecutive order with your **present or last employer listed first.** Account for all periods of time including military service and any periods of unemployment of 30 days or more. If self-employed, give firm name and supply business references. **DO NOT REFERENCE YOUR RESUME.**

PRESENT OR LAST POSITION:

Position _____ Supervisor name: _____ Phone: _____

Employer _____ From: _____ (month) (year)

Address _____ To: _____ (month) (year)

Reason for Leaving _____

Position _____ Supervisor name: _____ Phone: _____

Employer _____ From: _____ (month) (year)

Address _____ To: _____ (month) (year)

Reason for Leaving _____

Position _____ Supervisor name: _____ Phone: _____

Employer _____ From: _____ (month) (year)

Address _____ To: _____ (month) (year)

Reason for Leaving _____

<u>EDUCATION:</u> Name and City/State of School	Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received

High School	1 2 3 4	Yes No	
College	1 2 3 4	Yes No	
Trade, Business or Correspondence School	1 2 3 4	Yes No	

GENERAL: List Other Training or Awards: _____

All applicants for **NON CDL** positions who become finalists are subject to screening for illicit drug use (**this screen does not include marijuana**).

All applicants for **CDL Class A** or **B** are subject to the provisions of USDOT 49 CFR, part 40 as it relates to drug and alcohol use.

Upon hire, all employees at M C Delivery are subject to the then current laws of the State of Washington as they relate to the use of alcohol and marijuana as well as M C Delivery policies concerning drug/alcohol use/testing while operating vehicles and other equipment in the course of their employment with M C Delivery.

DRIVING QUALIFICATIONS / QUESTIONNAIRE

Please include a copy of your current driving abstract from the State of Washington, or other state of residence during the past 12 months. If you do not have a current driving abstract at this time please obtain a copy and bring it to the interview if you are being considered as a finalist.

TRAFFIC CONVICTIONS & FORFEITURES: List the past three years (other than parking violations)

Location	Date	Charge	Penalty

ACCIDENT RECORD: List the past three years or more

Dates	Nature of Accident (Head-on, Rear-end, Failure to stop, etc.)	Injuries	Fatalities

Has any license, permit or privilege ever been suspended or revoked? Yes No

If answer is YES, please give details: _____

MC Delivery's fleet includes automatic and manual transmissions. Are you proficient in the use of manual transmissions? Yes No

Do you possess a CDL (Commercial Driving License)? Yes No **CDL Class:** (circle one) A B

Please list all endorsements or restrictions:

In case of emergency, please notify: Name _____ Phone _____

Address _____ City _____ State _____ Zip code _____

AUTHORIZATION:

I certify that the information given by me to M C Parcel Delivery Inc. is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information or, if I omitted information, it may result in immediate dismissal. I further certify that I am not engaged in any outside activity or business that could be considered in conflict with M C Parcel Delivery's interests or those of its customers, nor will I become engaged in such activity or business if employed.

I authorize M C Parcel Delivery Inc. to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release M C Parcel Delivery Inc. from any liability for future references it may provide regarding my work history at the firm.

In consideration of my employment, I 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 M C Parcel Delivery Inc. or myself. I understand that no representative of M C Parcel Delivery Inc., other than the 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.

If employed, I further agree that if M C Parcel Delivery Inc. advances any pay/compensation before it has been accrued, or advances or loans me any money during the course of my employment or if I lose, damage, or fail to return any firm property, the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

Date _____

Signature _____