

AMERICAN MATERIAL SERVICES INC. (A.M.S.I.)

P.O. Box 4786

Macon, Georgia 31208

Application for Employment

Phone: 478-314-5995

Fax: 478-314-5999

In compliance with Federal and State equal opportunity employment Laws, qualified applicants are considered for all positions without regard to race, religion, color, gender, national origin, age, marital status, or non-job related disability. Please complete all pages of this application thoroughly. Attach additional sheets if more room is required for details.

Name:	Date of Application:
Current Address:	Social Security Number:
	Date of Birth:
Length of time at this address:	Telephone No:

Previous addresses for last three years (most recent first)					
Street	City	State/Zip	How Long	Additional Information Attached	

List all CDL licenses and/or permits for the last three years				
State	Number	Expiration Date	Additional Information Attached	

List the nature and extent of your experience operating different types of motor vehicles (e.g. Buses, trucks and trailers)			
Type	Experience in Years and/ or Miles Driven	Additional Information Attached	

List all motor vehicle accidents in which you were involved during the last three years				
Date	City/State	Nature of Accident	Fatalities	Injuries

Check here to certify that you have had no accidents in the last three years

List all violations (other than parking) for which you were convicted or forfeited bond/ collateral during the last three years			
Date	City/State	Charge	Penalty

Check here to certify that no such denial, revocation, or suspension has occurred

Please detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle:

AMERICAN MATERIAL SERVICES INC. (A.M.S.I.)

P.O. Box 4786

Macon, Georgia 31208

Application for Employment

Phone: 478-314-5995

Fax: 478-314-5999

Employment History

Please complete all information regarding prior employers during the last three years. If you are applying to operate a Commercial Motor Vehicle (GVWR of 26,001 lbs. or more, Ability to transport 16 or more people, or any vehicle requiring placarding for hazardous materials), please include complete information regarding prior employers for the last 10 years total for whom you operated such vehicles. Please start with your most recent prior employer.

Employer Name:	Employed from: / / To: / /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No	

Employer Name:	Employed from: / / To: / /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No	

Employer Name:	Employed from: / / To: / /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No	

Employer Name:	Employed from: / / To: / /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No	

Employer Name:	Employed from: / / To: / /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No	

Employer Name:	Employed from: / / To: / /
Address:	Position:
	Salary:
Contact: Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No	
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No	

AMERICAN MATERIAL SERVICES INC. (A.M.S.I.)

P.O. Box 4786

Macon, Georgia 31208

Application for Employment

Phone: 478-314-5995

Fax: 478-314-5999

Employment History Continued

Employer Name:	Employed from: / /	To: / /
Address:	Position:	
	Salary:	
Contact:	Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No		

Employer Name:	Employed from: / /	To: / /
Address:	Position:	
	Salary:	
Contact:	Phone:	Reason for Leaving:
Were you subject to the Federal Motor Carrier Safety Regulations while employed by this employer? Yes No		
Was your position "safety-sensitive" requiring Part 40 drug and alcohol testing? Yes No		

American Material Services Inc. requires copies of the following documents prior to processing any driver's employment application:

- 1) Driver's License
- 2) Physical Card or Long Form
- 3) Social Security Card
- 4) Current Motor Vehicle Record (MVR)

These items can be attached to the email with this application or text messaged to 478-957-0514.

I certify that this application was completed by me, and that all the information is true and complete to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

Office Use Only

Applicant Hired Date:	Start Date:	Authorized by:
Rejected for reasons of:		
Date of Termination of Employment:	Authorized by:	
Dismissed	Quit	Other:
Reason:		