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# DISPATCHER EMPLOYMENT APPLICATION

3200 Greenfield Road, Suite 300, Dearborn, MI 48120

Phone (313) 349-2987, Fax (313) 349-2995

An Equal Opportunity Employer

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

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|  | **APPLICANT INFORMATION** | | | | |  | | |
| FIRST NAME |  | | MIDDLE NAME |  | | LAST NAME |  | |
| PHONE |  | | EMAIL |  | |  | | |
| DATE OF BIRTH |  | | SOCIAL SECURITY # | |  |  | | |
| DATE OF  APPLICATION |  | POSITION  APPLIED FOR |  | | |  | DATE AVAILABLE FOR WORK |  |

Do you have legal right to work in the United States? ☐ YES ☐ NO

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|  |  | **PREVIOUS THREE YEARS RESIDENCY** | |  |  |  |
|  |  | *Attach additional sheet if more space is needed* | |  |  |  |
|  | STREET |  | CITY | STATE | ZIP  CODE | # OF YEARS  AT ADDRESS |
| CURRENT |  |  |  |  |  |  |
| MAILING |  |  |  |  |  |  |
| PREVIOUS |  |  |  |  |  |  |
| PREVIOUS |  |  |  |  |  |  |
| PREVIOUS |  |  |  |  |  |  |

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|  | | **LICENSE INFORMATION** | | | |
| No person who operates a commercial motor vehicle shall at any time have more than one driver’s license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed. | | | | | |
| STATE | LICENSE # | | TYPE/CLASS | ENDORSEMENTS | EXPIRATION DATE |
|  |  | |  |  |  |
| PREVOIUSLY HELD LICENSES | | | | | |
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## DISPATCHER EMPLOYMENT HISTORYZ

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

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| **CURRENT (MOST RECEN** | | | **T) EMPLOYER** | |  | | | | |
| NAME |  | |  | |  | PHONE |  | | |
| ADDRESS |  | |  | |  | | | | |
| POSITION HELD | |  |  | FROM  MO/YR |  | | | TO  MO/YR |  |
| REASON FOR LEAVING | | |  | |  | | | SALARY |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | |  | |  | | | | |

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| **SECOND (MOST RECENT) EMPLOYER** | | | | | | | | | |
| NAME |  | | | | | PHONE |  | | |
| ADDRESS |  | | | | | | | | |
| POSITION HELD | |  | | FROM  MO/YR |  | | | TO  MO/YR |  |
| REASON FOR LEAVING | | |  | | | | | SALARY |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | |  | | | | | | |
| OTHER COMMENTS: | | | | | | | | | |

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| **THIRD (MOST RECENT) EMPLOYER** | | | | | | | | | |
| NAME |  | | | | | PHONE |  | | |
| ADDRESS |  | | | | | | | | |
| POSITION HELD | |  | | FROM  MO/YR |  | | | TO  MO/YR |  |
| REASON FOR LEAVING | | |  | | | | | SALARY |  |
| EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason) | | |  | | | | | | |
| OTHER COMMENTS: | | | | | | | | | |

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|  | **ED** | **UCATION** |  |  | |  |
| SCHOOL | NAME & LOCATION | COURSE OF STUDY | YEARS COMPLETED | GRADUATE  Y N | | DETAILS |
| High School |  |  |  | ☐ | ☐ |  |
| College |  |  |  | ☐ | ☐ |  |
| Other |  |  |  | ☐ | ☐ |  |

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| **OTHER QUALIFICATIONS** |
| Please list any other qualifications that you have and which you believe should be considered. |

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| **TO BE READ AND SIGNED BY APPLICANT** | | | |
| I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, 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 my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.    I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:   * Review information provided by current/previous employers; * Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.     This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. | | | |
| Applicant Signature |  | Date |  |
| Applicant Name (printed) |  | | |