

Application for Employment



TransPro Logistics Inc
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Email: operations@transprologisticsinc.com

Applicant Information:

First Name _____ Last Name _____ DOB _____

Address: _____ Social Security: _____

Email: _____ Phone # _____

CDL Number _____ Issuing State: _____

Years of Experience: _____

Equipment Driven:

- Straight Truck Tractor Trailer Doubles Bus
 Garbage Truck Delivery Van Cargo Van Other

Work Experience: (please list the most recent 3 employers)

Employer: _____ Address: _____

Phone: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____ Contact Person: _____

Employer: _____ Address: _____

Phone: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____ Contact Person: _____

Employer: _____ Address: _____

Phone: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving: _____ Contact Person: _____

Accidents: (please provide an accurate list of any accidents within the last 3 years)

Accidents	Date	Description	Result

Violations: (please provide an accurate list of violations within the last 3 years)

Violations	Date	Description	Result

I understand that the purpose of this information is to provide TransPro Logistics with the necessary information to help in the decision of my employment. I understand that this information will solely be used for the purpose of employment and that TransPro Logistics will contact my previous employers to help in their decision-making process.

I certify that the information provide above was completed by me and is true and complete to the best of my knowledge.

Applicants Signature: _____

Date: _____