## JOB APPLICATION

## Monark Logistics LLC 2400 Herodian Way SE, Smyrna, Georgia 30080 770-284-6665

Monark Logistics LLCis an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: **Applicant Information Applicant Name:** Address: City, State and Zip Code: Telephone Number: **Email Address:** Date of Application: **Employment Position** Position(s) applying for: OTR Driver(full time) How did you hear about this position? What days are you available for work? On what date can you start working if you are hired? **Personal Information** Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States? Yes No What document can you provide as proof of citizenship or legal status?

Will you consent to a mandatory controlled substance test?					No
Do you have any condition which would require job accommodations?  If yes, please describe accommodations required below.					No
Have you ever been convicted of a criminal offense (felony or misdemeanor)?  If yes, please state the nature of the crime(s), when and where convicted the case:					No sition of
The date of the offense description of the event, position(s) applied for ma  Job Skills/Qualificatio Write the number of years	ne denied employment sole, the nature of the offer and the surrounding circle, however, be considered ns. sof experience you have added for each particular skil	nse, ir cumsta d.) for the	ncluding any s ances and the skills listed be	ignificant det relevance of low. Circle th	tails that affect the the offense to the enumber which
Skills	Years of Experience		Aptitude	Aptitude	
			1 2 3 4 5		
Education and Trainin  High School  Name	Location (City, State)	Yea	r Graduated	Degree E	arned
College/University	<u> </u>				
Name	Location (City, State) Yea		r Graduated	Degree E	arned
Vocational School/Spec	cialized Training				
Name	Location (City, State) Yea		r Graduated	Degree E	arned
Military: Are you a member of the What branch of the military r discharged? How many years did you military?	ary did you enlist? ank when				

What military skills do you posse	ess that would be an asset for this position?
Previous Employment Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving: Employer Name:	
Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:	
Employer Name: Job Title: Supervisor Name: Employer Address: City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:	
means that your employment car or without notice, by you or the N authority to enter into any agree understand that your employme statements or representations re except for a written statement sig	It the Monark Logistics LLC is referred to as "employment at will." This is be terminated at any time for any reason, with or without cause, with Monark Logistics LLC. No representative of Monark Logistics LLC has ment contrary to the foregoing "employment at will" relationship. You ent is "at will," and that you acknowledge that no oral or written egarding your employment can alter your at-will employment status, and by for a written statement signed by you and either our Executive Officer or the Company's President.
Applicant Signature:	Dated: