



IF YES, EXPLAIN NUMBER OF CONVICTION(S) , NATURE OF OFFENSE(S) LEADING TO CONVICTION(S) HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED, AND TYPE(S) OF REHABILITATION. \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO  
WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_  
(CIRCLE ONE) OPERATOR COMMERCIAL (CDL) CHAUFFEUR EXPIRATION DATE \_\_\_\_\_

HAVE YOU HAD ANY ACCIDENTS DURING THE LAST 5 YEARS? YES / NO  
HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 5 YEARS? YES / NO

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.

NAME	_____	NAME	_____
POSITION	_____	POSITION	_____
COMPANY	_____	COMPANY	_____
ADDRESS	_____	ADDRESS	_____
TELEPHONE	( ) _____	TELEPHONE	( ) _____

AN APPLICATION FORM SOMETIMES MAKES IT DIFFICULT FOR AN INDIVIDUAL TO SUMMARIZE A COMPLETE BACKGROUND. USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU SELF-EMPLOYED GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME OF EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE PHONE #

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_  
PAY OR SALARY START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

YOUR LAST JOB TITLE \_\_\_\_\_  
REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

LIST THE JOBS YOU HELD, DUTIES PREFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR

PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.

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NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE PHONE #

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

PAY OR SALARY START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

YOUR LAST JOB TITLE \_\_\_\_\_

REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

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LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.

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NAME OF EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE PHONE #

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

PAY OR SALARY START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

YOUR LAST JOB TITLE \_\_\_\_\_

REASON FOR LEAVING (BE SPECIFIC) \_\_\_\_\_

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LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.

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MAY WE CONTACT YOUR PRESENT EMPLOYER? YES / NO

APPLICATION COMPLETED BY YOU? YES / NO IF NOT WHO DID? \_\_\_\_\_

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY MANKO DELIVERY SYSTEMS INC. (HEREINAFTER CALLED "THE COMPANY"), I AGREE THAT: NEITHER THE ACCEPTANCE OF THIS APPLICATION NOR THE SUBSEQUENT ENTRY INTO ANY TYPE OF EMPLOYMENT RELATIONSHIP, EITHER IN THE POSITION APPLIED FOR OR ANY OTHER POSITION, AND REGARDLESS OF THE CONTENTS EMPLOYEE HANDBOOKS, PERSONNEL MANUALS, BENEFIT PLANS, POLICY STATEMENTS, AND THE LIKE AS THEY MAY EXIST FROM TIME TO TIME, OR OTHER COMPANY PRACTICES, SHALL SERVE TO CREATE AN ACTUAL OR IMPLIED CONTRACT OF EMPLOYMENT, OR TO CONFER ANY RIGHT TO REMAIN AN EMPLOYEE OF MANKO DELIVERY SYSTEMS INC. , OR OTHERWISE CHANGE IN ANY RESPECT THE EMPLOYMENT-AT-WILL RELATIONSHIP BETWEEN IT AND THE UNDERSIGNED, AND THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE PRESIDENT OF THE COMPANY. BOTH THE UNDERSIGNED AND MANKO DELIVERY SYSTEMS INC. MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITHOUT SPECIFIED NOTICE OR REASON. IF EMPLOYED, I UNDERSTAND THAT THE COMPANY MAY UNILATERALLY CHANGE OR REVISE THEIR BENEFITS, POLICIES AND PROCEDURES AND SUCH CHANGES MAY INCLUDE REDUCTION IN BENEFITS.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF THE FACTS CALLED FOR IS CAUSE FOR IMMEDIATE DISMISSAL AND WITHOUT NOTICE. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS (UNLESS OTHERWISE INDICATED), REFERENCES, AND OTHERS, AND HEREBY RELEASES THE COMPANY FROM ANY LIABILITY AS A RESULT OF SUCH CONTACT.

I ALSO UNDERSTAND THAT (1) THE COMPANY HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PRE-EMPLOYMENT TESTING AS WELL AS RANDOM TESTING AFTER EMPLOYMENT; (2) CONSENT TO AND COMPLIANCE WITH SAID POLICY IS A CONDITION OF MY EMPLOYMENT; AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESSFUL PASSING OF TESTING UNDER SUCH POLICY. I FURTHER UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB-RELATED PHYSICAL EXAMINATIONS.

I UNDERSTAND THAT, IN CONNECTION WITH THE ROUTINE PROCESSING OF YOUR EMPLOYMENT APPLICATION, THE COMPANY MAY REQUEST FROM A CONSUMER REPORTING AGENCY AN INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION AS TO MY CREDIT RECORDS, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST FROM ME, THE COMPANY, WILL PROVIDE ME WITH ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF ANY SUCH REPORT REQUESTED BY IT, AS REQUIRED BY THE FAIR CREDIT REPORTING ACT.

I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF NINETY (90) DAYS, AND FURTHER THAT AT ANY TIME DURING PROBATIONARY PERIOD OR THEREAFTER, MY EMPLOYMENT RELATION WITH THE COMPANY IS TERMINABLE AT WILL FOR ANY REASON.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATURAL ORIGIN, AGE CITIZENSHIP OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN OUR BUSINESS.