

Application for Employment

Mapleton Ag, LLC 4637 State Route 34B

4637 State Route 34B Union Springs, NY 13160

Phone: 315.255.1019

Name							
	First	Middle	Last				
Address							
	Street	C	lity	State	Zip Code		
Years at Current Address			Date of Ap	plication			
Cell Phone N	umber		Home Phone Number				
Email Addres	ss						
	Previ	ous Three Years Res	idency – if differe	ent than currer	nt		
Street		City	State	Zip Code	# Years		
Street		City (Attach Sheet	State if More Space is Needed)	Zip Code	# Years		
		Previous Ten Yea	ars Employment I	History			
Employer Na	mo				Position Held		
Employer Na	ille				Position Heid		
Street		City	State	& Zip Code	Dates Employed		
Phone Number	er	Fax	x Number		Supervisor Name		
Employer No					Position Held		
Employer Na	ille				Position Heid		
Street		City	State	& Zip Code	Dates Employed		
Phone Number	er	Fax	x Number		Supervisor Name		
Employer Na	me				Position Held		
Street		City	State	& Zip Code	Dates Employed		
Phone Number	er	Fax	x Number		Supervisor Name		

(Attach Sheet if More Space is Needed)



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License Information

Section 383.21	I FMCSR states	"No person v	who operates a	commercial n	notor vehicle	shall at any	time have m	ore than one	driver's
license	e". I certify that	I do not have	e more than one	e motor vehicl	e license, the	information	for which is	s listed below	•

	State	License No.		7	Гуре	Expi	iration Date	
			riving Expe	rience		Ι.		
Class	Class of Equipment		Type of Equipment (Van, Tank, Flat, Etc.)		Dates From – To		ox. No. of Miles (Total)	
Sı	traight Truck	(Vall, Talik, Flat, Etc.)		From – To		(10tal)		
	r and Semi-Trailer							
	or – Two Trailers							
Tract	Other							
Δ.	ccident Record for	Pact 3 Vears	or More (A	ttach	Sheet if Mor	e Snace	is Needed)	
	Nature of Accid		Numbe			•	<u>, </u>	
Dates	on, Rear-end, Upset, Etc.)		Fatalitie	Number In		juries	Chemical Spills	
							Yes No	
							Yes No	
	<u> </u>				(0.7		Yes No	
Trafi Date	fic Convictions and	d F'orfeitures			rs (Other tha	n parki	ng violations)	
Convicted	Violation		State of Violation		Penalty		alty	
			V 1010010					
		(Attach She	eet if More S	pace is	s Needed)			
ave von ever	r been denied a license	e, nermit, or priv	ilege to onera	te a m	otor vehicle? Y	ES	NO	
es, explain								
las any licens	se, permit, or privilege	e ever been suspe	ended or revol	ked?	YE	S 1	NO	
es, explain _								
, . –					Y APPLICANT			
horize you to ma	yment decision. (Generally,	inquiries to my pers inquiries requiring	onal, employmen medical history w	t, financ ill be m	ial, or medical histo ade only if and after	a condition	r related matters as may be aal offer of employment has	
horize you to maing at an employded.) I hereby rection with my a	yment decision. (Generally, release employers, schools, application.	inquiries to my pers inquiries requiring nealth care providers	onal, employmen medical history w s and other perso	t, financ vill be m ns from	cial, or medical histo ade only if and after all liability in respon	a condition ding to inq	nal offer of employment has uiries and releasing inform	
horize you to maing at an employeded.) I hereby rection with my a	yment decision. (Generally, release employers, schools, application.	inquiries to my pers inquiries requiring nealth care providers alse or misleading in	onal, employmen medical history w s and other person formation given i	t, financ vill be m ns from	cial, or medical histo ade only if and after all liability in respon	a condition ding to inq	nal offer of employment has	
horize you to maing at an emplo ded.) I hereby r ection with my a e event of emplo I am required to	yment decision. (Generally, elease employers, schools, application. byment, I understand that for a abide by all rules and regr	inquiries to my pers inquiries requiring nealth care providers alse or misleading in dations of the Comp	onal, employmen medical history w s and other perso formation given i any.	t, financ vill be m ns from n my ap	ial, or medical histo ade only if and after all liability in respon pplication or intervie	a condition ading to inq w(s) may re	nal offer of employment has uiries and releasing inform sult in discharge. I underst	
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